

**City of Alexandria
Retiree Information Form**



Retiree Name		
Retirement Date	Department Retired from	Sworn staff? Yes <input type="checkbox"/> No <input type="checkbox"/>
SSN	Comments:	

Retiree Information

Current Address: Street			Home Phone
City	State	Zip code	Work/Cell Phone
Date of Birth	Gender	Marital Status	Email

Spouse Information (if Applicable)

Spouse Name			
Current Address: Street		Same as above <input type="checkbox"/>	Home Phone
City	State	Zip code	Work/Cell Phone
Date of Birth	Gender	SSN	

Emergency Contact Information

Contact Name			
Address: Street			Phone
City	State	Zip code	Relation