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225.922.0612 (hearing impaired)

Survivor Marital Status Update

Deceased Member's First Name	Middle Name	Last Name	Deceased Member's SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1: SURVIVOR'S INFORMATION

Survivor's First Name	Middle Name	Last Name	Survivor's Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Male Birth Date

Female

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Area Code/Phone Number	Evening Area Code/Phone Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2: SURVIVOR'S MARITAL STATUS CHANGE INFORMATION

INSTRUCTIONS: Attach appropriate documents to verify any marital status changes (i.e. Marriage License, Certified Judgment of Divorce, or Death Certificate).

My marital status has not changed. I am still: Single Married Widowed Divorced

My marital status has changed. I am now: Single Married Widowed Divorced

My marital status changed on:

My previous spouse's name was (if none, write "None"):	My current spouse's name is (if none, write "None"):
<input type="text"/>	<input type="text"/>

SECTION 3: SURVIVOR'S CERTIFICATION

I attest that I am the survivor of the above named deceased member of the Louisiana State Employees' Retirement System (LASERS).

I certify that the foregoing statements are true to the best of my knowledge and belief. I further certify that I will advise LASERS of any future change in my marital status including marriage, divorce, and widowhood within 30 days of the change.

I have attached the appropriate documents (i.e. Marriage License, Certified Judgment of Divorce, or Death Certificate) to verify my marital status change if applicable.

I understand that an incomplete form will be returned to me to be completed, which may delay my benefits.

Survivor's Signature	Date
<input type="text"/>	<input type="text"/>