



CHANGE OF INFORMATION FORM

For office use only

Validated by: _____

Date: _____

RE: _____ Donor's Date of Birth: _____
(Name of Donor)

Today's Date: _____

****Please complete only those sections below that pertain to the name above and return via mail or fax (bottom of page).****

Section 1 -

NAME CORRECTION: _____

(Legal name on file with the Social Security Office; if applicable, include Jr., Sr., II, III, etc.)

Section 2 -

CHANGE OF ADDRESS / PHONE:

Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Section 3 -

CHANGE OF DISPOSITION OF CREMAINS:

Cremated Remains Returned (please complete address below)

Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Scatter at Sea with notification without notification

Section 4 -

CHANGE MAILING ADDRESS FOR DEATH CERTIFICATE:

Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Signature of Person Completing Form (must be signed for changes to take effect)

Print Name: _____ Relationship to Donor: _____

COMMENTS:

