



# 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_