



# CHANGE OF INFORMATION FORM

**Donor's Full Name:** \_\_\_\_\_  
(Full legal name as reflected in Social Security Records)

**Date of Birth:** \_\_\_\_\_  
(mm/dd/yy)

### Nature of Information Change

- |  |  |
|--|--|
| <input type="checkbox"/> Name Correction               | <input type="checkbox"/> Change of Remains Disposition                   |
| <input type="checkbox"/> Change of Address             | <input type="checkbox"/> Change of Mailing Address for Death Certificate |
| <input type="checkbox"/> Change of Contact Information | <input type="checkbox"/> Others (please complete comments section)       |

**IMPORTANT:** Please complete applicable sections only. All information requested below pertains to the donor except when otherwise stated.

### NAME CORRECTION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix (Jr., Sr., III; if applicable) \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

### CHANGE OF ADDRESS/CONTACT INFORMATION

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

### CHANGE OF REMAINS DISPOSITION

Return Cremated Remains to Family

Name of Receiver: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Scatter Cremated Remains at Sea

notify me

don't notify me

### CHANGE OF MAILING ADDRESS FOR DEATH CERTIFICATE

Name of Receiver: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Comments:

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

### This form is completed by:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to the Donor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*Signature is required for changes to take effect*