



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*