AMERICAN RED CROSS TESTING OFFICE 85 Lowell Street, Peabody, MA 01960 1-800-962-4337/781-979-4010

www.redcross.org/ma/boston/testing matesting@redcross.org

CHANGE OF INFORMATION APPLICATION

OLD INFORMA	TION			
NAME:		/		
First		M.	I Last Name	
MAILING ADDRESS:				
	Number	Street		Apt. No.
City			State	Zip Code
S.S#:	-	-	Maiden	Nomo
			iviaideii	Ivaille
NEW INFORMA	ATION			
*NAME:		/	/	
First		M.	I Last Name	
MAILING ADDRESS:				
	Number	Street		Apt. No.
City			State	Zip Code
**S.S#:	_	_		
			Maiden	Name
Email Address:				
* If you have changed information application.	your name you r	nust include <u>legal docu</u>	mentation of name change	e, along with this completed change of
** If you have changed this completed change of			ıbmit a copy of your <u>old</u> and	d <u>new</u> social security cards, along with
		ke a certificate printed value checks will not be ac		and include a \$20 Money Order payable
I certify that the informand is red				am the person whose name appears
Signature				Date