

AMERICAN RED CROSS TESTING OFFICE

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[matesting@redcross.org](mailto:matesting@redcross.org)

**CHANGE OF INFORMATION APPLICATION**

**OLD INFORMATION**

NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First M.I Last Name

MAILING ADDRESS: \_\_\_\_\_  
Number Street Apt. No.

\_\_\_\_\_  
City State Zip Code

S.S#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Maiden Name

**NEW INFORMATION**

\*NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First M.I Last Name

MAILING ADDRESS: \_\_\_\_\_  
Number Street Apt. No.

\_\_\_\_\_  
City State Zip Code

\*\*S.S#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Maiden Name

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\* If you have changed your name you must include **legal documentation of name change**, along with this completed change of information application.

\*\* If you have changed your social security number you must submit a copy of your **old** and **new** social security cards, along with this completed change of information application.

Please check this box if you would like a certificate printed with your new information **and** include a \$20 Money Order payable to: ARC TESTING OFFICE. Neither personal checks nor cash will not be accepted.

I certify that the information provided on this form is true and accurate, and that I am the person whose name appears on this form and is requesting the Replacement/Duplicate Certificate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE MAIL COMPLETED FORM TO THE ABOVE ADDRESS ALONG WITH ANY REQUIRED SUPPORTING DOCUMENT AND/OR FEE.**