

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: _____

* 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. Personal checks 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.