



Safe at Home



Michael G. Adams
Secretary of State

Change of Information	Return Form to: Safe at Home (c/o SOS Office) 700 Capital Avenue, Suite 152 Frankfort, KY 40601
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I'm using this form to update (please mark as applicable):

- New Legal Name
- New Actual Residential Address
- New Mailing Address
- New Phone Number
- New E-mail Address
- New Emergency Contact Name
- New Emergency Contact Phone Number

Name at time of Enrollment (required)	New Legal Name	Apt. Number (required)	
Former Actual Residential Address	City	State	Zip Code
New Actual Residential Address	City	State	Zip Code
New Mailing Address	City	State	Zip Code
New Phone Number		New Email Address	
New Emergency Contact Name		New Emergency Contact Phone Number	

Change(s) apply to the following dependents:

Dependent Name	Date of Birth

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.

Signature:	Date:
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