

## West Virginia School of Osteopathic Medicine



## **CHANGE OF STATISTICAL INFORMATION**

To report a change of address/phone number, marital status, ash/memorial information or to be removed from the registry, please complete this form and send to:

West Virginia School of Osteopathic Medicine, Human Gift Registry 400 Lee Street North, Lewisburg, WV 24901 Phone: 304-647-6208 / Fax: 304-793-6884

Donor's Name:						
(Please Print: First, Middle, Last, Maiden)						
Donor's Date of Birth:	Dor	Donor's Last 4 digits of Social Security #:				
○ Change in Donor's Add	dress					
Donor's New Address:						
Street Address	City	State	Zip Code			
		Within City Limits?	YES OR NO			
County						
○ Change in Donor's Pho	one Number					
New Phone Number:						
○ Change in Donor's Ma	rital Status OMai	rried Widowed Divorc	eed Re-married			
Change in Married Name if applicabl	e:					
	(Please Print: First, Middle, Last)					
Addition for New Spouse's Name:			*			
	(Please Print: Fir	st, Middle, Last – If Female Spouse	Give Maiden Name)			
○ Remove name from re	egistry / change of	status to withdrawn				
I certify these above changes	s to be true and acc	urate.				

Donor's Signature

Date

## CHANGE OF ASH DESIGNEE AND/OR MEMORIAL INVITE DESIGNEE (If Applicable)

Donor's Name:						
	(Please Print:	First, Mido	dle, Last, Maiden)			
Addition or Change for designation of ashes to one individual						
Addition or	Change					
Donor's New Ash Designee Name:						
	(Please Prir	nt: First, M	iddle, Last)			
Ash Designee Address:						
Street Address		City	State	Zip Code		
Ash Designee Phone Number:						
Addition or Change for	designation of <i>mem</i>	<b>orial</b> inv	vitation to one	individual		
Addition or	Change	or (	Same as abo	ove		
Donor's New Memorial Designee Na	ne:					
	(Please Print: First, Middle, Last)					
Memorial Designee Address:						
Street Address		City	State	Zip Code		
Memorial Designee Phone Number:						
I certify these above changes	to be true and accur	rate.				
Donor's Signature				Date		