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:  
Donor’s Last 4 digits of Social Security #: _______ _______ _______

☐ Change in Donor’s Address

Donor’s New Address:

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Within City Limits? ☐ YES OR ☐ NO

County

☐ Change in Donor’s Phone Number

New Phone Number:

☐ Change in Donor’s Marital Status  ☐ Married  ☐ Widowed  ☐ Divorced  ☐ Re-married

Change in Married Name if applicable:
(Please Print: First, Middle, Last)

Addition for New Spouse’s Name:
(Please Print: First, Middle, Last – If Female Spouse Give Maiden Name)

☐ Remove name from registry / change of status to withdrawn

I certify these above changes to be true and accurate.

Donor’s Signature  Date
CHANGE OF ASH DESIGNEE AND/OR MEMORIAL INVITE DESIGNEE
(If Applicable)

Donor’s Name:

(Please Print: First, Middle, Last, Maiden)

☐ Addition or Change for designation of ashes to one individual

☐ Addition or ☐ Change

Donor’s New Ash Designee Name:

(Please Print: First, Middle, Last)

Ash Designee Address:

Street Address                                      City  State           Zip Code

Ash Designee Phone Number:

Addition or Change for designation of memorial invitation to one individual

☐ Addition or ☐ Change or ☐ Same as above

Donor’s New Memorial Designee Name:

(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 accurate.

Donor’s Signature          Date