



Donor Number: _____

Registration Number: _____

Change of Information

USE THIS FORM ONCE YOU ARE REGISTERED TO CHANGE INFORMATION

To report a change of address, phone number, marital status, designated Next of Kin, or other pertinent information, please complete this form and return it to the UK Willed Body Program. Accuracy in reporting changes helps ensure that data will be recorded correctly.

Donor's Name: _____ Donor's Registration Number: _____

Change in Donor's Address and/or Contact

Former Street Address: _____

City/State/Zip: _____ Phone: _____

Email Address: _____

Current Street Address: _____

City/State/Zip: _____ Phone: _____

Email Address: _____

Change in Primary Next of Kin and/or Contact Information

Name of Former Primary Next of Kin: _____ Relationship: _____

Former Street Address: _____

City/State/Zip: _____ Phone: _____

Email Address: _____

Name of Current Primary Next of Kin: _____ Relationship: _____

Current Street Address: _____

City/State/Zip: _____ Phone: _____

Email Address: _____

Change in Marital Status: [] Widowed [] Married [] Divorced [] Re-Married

Change in Married Name: _____

Change in/Addition of Spouse's Name: _____

Other: _____

Signature of Donor or Legal Authority to Make a Donation

Relationship to Donor
(Donor/Agent of Donor/Guardian/Medical
or Health Care POA)

Date