AMERICAN RED CROSS TESTING OFFICE
143 MAIN STREET
CAMBRIDGE, MA 02142-1530
1-800-962-4337/ 781-979-4010
781-979-4014 FAX
http://BostonRedCross.org/testing massbaytesting@usa.redcross.org

MAP CHANGE OF INFORMATION APPLICATION

** If you have changed your name you must include **legal documentation of name change**, along with this completed 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

_____
Maiden Name

Email Address:_____ Other:_____

☐ Please check box if you would like a certificate printed with your new information and include a $20 Money Order payable to: ARC TESTING OFFICE.

PLEASE MAIL COMPLETED FORM TO THE ABOVE ADDRESS ALONG WITH ANY REQUIRED SUPPORTING DOCUMENT AND/OR FEE. IF YOU ARE NOT REQUESTING A DUPLICATE CERTIFICATE YOU CAN FAX THIS FORM TO OUR OFFICE.