



5349 Dolloff Rd. Cleveland, Ohio 44127
Tel: 216-341-0444 Fax 216-341-0711
www.czechccu.org
insurance@czechccu.org

CHANGE OF NAME

Please change my name on the enclosed Certificate as follows:

PLEASE PRINT

Name: _____
Current Certificate Name

Name: _____
Name Change

Society: _____ Certificate No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date: _____

Signature: _____
Current Certificate Name

Signature: _____
Name Change

A copy of one of the following is required: _____ Marriage Certificate
_____ Driver's License _____ Social Security Card _____ Other.

Mail completed form to: Czech Catholic Union
5349 Dolloff Rd.
Cleveland, Ohio 44127

INSURANCE CERTIFICATE MUST BE RETURNED WITH THIS FORM