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## CHANGE OF NAME

Please change my name in your files as follows:

PLEASE PRINT

Name: \_\_\_\_\_  
Current Certificate Name

Name: \_\_\_\_\_ Society No.: \_\_\_\_\_  
Name Change

Social Security No.: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name Change

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

STATE OF \_\_\_\_\_ )  
   ) SS.  
 COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me, a Notary Public, in and for said County personally appeared \_\_\_\_\_ who acknowledges that he/she did sign the foregoing instrument, and that the same is his/her free act and deed.

In Testimony whereof, I have hereunto affixed my name and official seal at

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

**Mail completed form & appropriate verification to address above.**

CN9-2019     Officer Approval: \_\_\_\_\_ Date: \_\_\_\_\_