

Contact Information / Name Change

Locater Number

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(First 4 letters of last name & last 4 digits of Social Security Number)

Name _____
First Middle Last

OLD Contact Information

Name _____
First Middle Last

Address _____ Apt.# _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____

NEW Contact Information

Name _____
First Middle Last

Address _____ Apt.# _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____

Signature _____

Date _____

Send to: EICA
3409 W 12600 S., Ste. 210
Riverton, UT 84065
Help@eica-us.org
Fax - 801.566.1224