



Vermont Office of the Secretary of State  
**Safe at Home**  
**Address Confidentiality Program**



# Change of Information

I'm using this form to update (please mark as applicable):

**Return Form to:**

Safe at Home  
 PO Box 1568  
 Montpelier, VT 05601  
 sos.safeathome@vermon.gov

- New Legal Name (provide documentation)
- New E-mail Address
- New Actual Residential Address
- New Emergency Contact Name
- New Mailing Address
- New Phone Number
- New Emergency Contact Phone Number

Name at time of Enrollment (required)	New Legal Name		Authorization Number (required)
Former Actual Residential Address	City	State	Zip Code
New Actual Residential Address	City	State	Zip Code
New Mailing Address	City	State	Zip Code
New Phone Number		New E-mail Address	
New Emergency Contact Name		New Emergency Contact Phone Number	

Change(s) apply to the following dependents:

Dependent Name	Date of Birth

***By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.***

Signature:

Date: