

# Safe at Home

## Address Confidentiality Service

Vermont Secretary of State's Office



### *Change of Information Form*

*Below, please place a checkmark beside the field(s) you'd like to update:*

**Return signed form to:** *Safe at Home Coordinator*  
PO Box 1568  
Montpelier, VT 05601  
[sos.safeathome@vermont.gov](mailto:sos.safeathome@vermont.gov)

- ☐ New Legal Name (please provide documentation)
- ☐ New Alias
- ☐ New Mailing Address
- ☐ New Physical Address
- ☐ New E-mail Address
- ☐ New Phone Number
- ☐ New Emergency Contact Name
- ☐ New Emergency Contact Phone Number
- ☐ New Addition or Removal of Co-Participant(s)

<b>Former Legal Name</b>		<b>New Legal Name</b>			<b>ACP Number</b>
<b>Former Mailing Address</b>	Street	City	State	ZIP	
<b>Former Physical Address</b>	Street	City	State	ZIP	
<b>Former E-mail Address</b>		<b>New E-mail Address</b>			
<b>Former Phone Number</b>		<b>New Phone Number</b>			
<b>Former Emergency Contact Name</b>		<b>New Emergency Contact Name</b>			
<b>Former Emergency Contact Phone Number</b>		<b>New Emergency Contact Phone Number</b>			

<b>New Addition or Removal of Alias</b> <i>Below, please place a checkmark beside the action you'd like to take for each alias:</i>	
<b>Action</b>	<b>Alias (first, middle, last)</b>
<input type="checkbox"/> Keep <input type="checkbox"/> Remove <input type="checkbox"/> Add	
<input type="checkbox"/> Keep <input type="checkbox"/> Remove <input type="checkbox"/> Add	
<input type="checkbox"/> Keep <input type="checkbox"/> Remove <input type="checkbox"/> Add	

<b>New Addition or Removal of Co-Participant(s)</b> <i>Below, please place a checkmark beside the action you'd like to take for each co-participant:</i>			
<b>Action</b>	<b>Legal Name (first, middle, last)</b>	<b>Relationship</b>	<b>DOB</b>
<input type="checkbox"/> Keep <input type="checkbox"/> Remove <input type="checkbox"/> Add			
<input type="checkbox"/> Keep <input type="checkbox"/> Remove <input type="checkbox"/> Add			
<input type="checkbox"/> Keep <input type="checkbox"/> Remove <input type="checkbox"/> Add			

**What date do you want this change to go into effect?**      **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

*By signing the above, 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.*