



Change of Address Form

Name _____, _____

(Last) (First) (M.I.)

Phone number _____

Old Address _____

New Address _____

I am: ☐ employee ☐ employer ☐ other: _____

Last 4 digits of social security number _____

Signature _____ Date _____

Once you have completed this form, you can return it to our office:

101 W Mexitli St / PO Box 418, Montezuma, KS 67867

or fax it:

620-846-2340

or email it:

cristina@LifePatternsKS.org