

Address Change Form

Name: _____, _____
(Last) (First) (M.I.)

Phone Number: _____

Old Address: _____

New Address: _____

Status with Life Patterns, Inc. (Check one):

Employee _____ Employer _____ Other (explain) _____

Last 4 digits of social security number _____

Signature _____ **Date** _____

Please return this form to your prospective Life Patterns, Inc. office:

Topeka:
3300 SW 29th St. Ste. 100
Topeka, KS 66614
Fax: 785-273-3816
Email: kristen@lifepatternsks.org

Montezuma:
P.O. Box 418
Montezuma, KS 67867
Fax: 620-846-2340
Email: cristina@lifepatternsks.org