

Change of Statistical Information

Use this form to report a change in donor information

To report a change of address, marital status, or other pertinent information, please complete this form and mail it to the UCI Willed Body Program. Accuracy in your reporting changes helps to ensure that the data will be recorded correctly.

Donor's Name: _____

Change in Donor's address:

Former Street: _____

City/State/Zip: _____

Current Street: _____

City/State/Zip: _____

Change in Marital Status: _____

Change in Name: _____

Change in Phone Number: _____

Other: _____

Mail to:

**UCI Willed Body Program
252 Irvine Hall
Irvine, CA 92697-3950**