

	Maryland State Department of Education Division of Early Childhood Maryland Child Care Credential Program CHANGE OF ADDRESS/NAME FORM	Return To: Child Care Central PO Box 598 Baltimore, MD 21203
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For assistance completing this form, call Child Care Central at 1-866-243-8796.

Section 1 General Information	
Name (Last, First, Middle, Maiden):	
Party ID Number:	Date of Birth (DOB): <i>MM/DD/YYYY</i>
Social Security Number (SSN):	Contact Phone Number:
Email:	Is this a new Contact Phone Number? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a new Email? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 Old Address Information					
Mailing Address:	Street	Apt #	City	State	Zip Code

Section 3 New Address Information					
Mailing Address:	Street	Apt #	City	State	Zip Code
Date of Move: <i>MM/DD/YYYY</i>					

Section 3 Name Change	
Previous Name:	New Name:

Section 4 Signature	
Under penalty of perjury, I declare to the best of my knowledge and belief that the information provided is true and correct.	
Signature	Date
<i>This address/name change request will not be processed if the form is not signed.</i>	

You must notify the Office of Child Care – Credentialing Branch immediately of any changes in:
<ul style="list-style-type: none"> • <i>Name</i> • <i>Address</i> • <i>Contact Phone Number</i> • <i>Email</i>