

<b>Fax:</b> 410-229-0145 <b>Email:</b> mccccredential@conduent.com	<b>Maryland State Department of Education</b> <b>Division of Early Childhood</b> <b>Maryland Child Care Credential Program</b> <b>CHANGE OF ADDRESS/NAME FORM</b>	<b>Return To:</b> Child Care Central PO Box 598 Baltimore, MD 21203
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**For assistance completing this form, call Child Care Central at 1-877-355-1299**

<b>Section 1 General Information</b>	
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

<b>Section 2 Old Address Information</b>					
Mailing Address:	Street	Apt #	City	State	Zip Code

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

<b>Section 3 Name Change</b>	
Previous Name:	New Name:

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

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