



CATHOLIC HOLY FAMILY SOCIETY
1 FAIRLANE DRIVE
P.O. BOX 2909
JOLIET, IL 60434

ENDORSEMENT FOR A CHANGE OF NAME

Table with 2 columns: Policy Number(s), Name of Insured

The CATHOLIC HOLY FAMILY SOCIETY is hereby requested to change said policy(ies) so that the name of the Owner therein will appear as

(Please print)

instead of as originally written.

The undersigned hereby certify that the foregoing names indentify one and the same individual, And that said change is requested because of (Court order, Marriage, Correction, Etc.)

Dated at this day of, 20 (Location)

Signature of Insured/Applicant/Owner

Address

City, State Zip

( ) Area Code & Phone Number