



Personal Information Change Form

IMPORTANT: If you are changing your name or your dependent's name you must attach a legal document showing the new name such as marriage certificate, LAPD identification card.

Member Information			
New Name	Member Name <i>(First, Middle Initial, Last Name)</i>		SSN or Serial Number
New Residential Address	Residential Address		
New Mailing Address	Mailing Address <i>(Only if it is different from your home address.)</i>		
New Cell/ Home phone or Email	Cell Phone	Home Phone	Email Address
Dependent Name Change			
Previous Name		New Name	
Previous Name		New Name	
Consent			
<i>I understand that LAPRA will not share my personal information with third parties or make it available to the public. I also understand that LAPRA may use my personal email address or cell phone to communicate important benefits information to me from time to time.</i>			
Member Signature			Date

Submit completed form and required documents to:

Benefits@lapra.org | or mail to 600 N. Grand Avenue, Los Angeles, CA 90012 | Tel (888) 252-7721



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