



Department of Enrollment ADULT CHANGE OF ADDRESS FORM

- COMPLETE ALL FORMS IN BLACK OR BLUE INK – NO WHITEOUT/CORRECTION TAPE – ALL ORIGINAL DOCUMENTS WILL BE RETURNED VIA CERTIFIED MAIL
- **IRS Form W-9 must be submitted with this form, or your paperwork will not be processed.**
- **The MAILING ADDRESS on this form MUST MATCH the address on the IRS Form W-9.**
- Legal guardians must submit an original or certified copied court order verifying their guardianship status.
- Power of Attorney must be an original notarized document listing the agent or attorney-in-fact.
- Name change requires original or certified copied marriage license or court-ordered name change WITH original social security card bearing the same name.
- This form is INVALID six (6) months after the notary date.

IF THIS PAGE IS NOT NOTARIZED, YOUR FORMS WILL NOT BE PROCESSED. FAXES OR COPIES ARE NOT ACCEPTABLE.

DATE OF BIRTH: _____

FIRST NAME _____ **MIDDLE NAME** _____ **LAST NAME** _____ **SUFFIX** _____

MAILING ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

STREET (PHYSICAL) ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

PRIMARY PHONE (_____) _____ **EMAIL ADDRESS** _____

MILITARY SERVICE? ☐ NO ☐ ACTIVE DUTY ☐ VETERAN **BRANCH OF SERVICE** _____

TWO (2) CONTACTS WITH RELATIONSHIP & PHONE NUMBER ARE REQUIRED FOR COMPLETION OF THIS FORM. IF NOT COMPLETED, FORM WILL BE RETURNED.

In the order below, I wish to appoint the following individual as the recipient of the **Burial Program Meal and Transportation Assistance Check**, in order to distribute monies related to meal and transportation expenses for my wake and/or funeral services:

CONTACT/RELATIONSHIP #1 _____ **CONTACT PHONE** _____

CONTACT/RELATIONSHIP #2 _____ **CONTACT PHONE** _____

Notice Regarding False Statements

Whoever, in any matter within the jurisdiction of any Department or Agency of the United States, knowingly and willfully falsifies, or covers up by trick, scheme, or devise a material fact or makes a false, fictitious, or fraudulent statement or representation or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, may be punished by fine, imprisonment, or both. (§ U.S.C., Section 1001).

I have read and understand the preceding Federal Law, and I verify that I am the above stated adult and on the W-9 or a legal guardian for the adult listed above and on the W-9.

SIGNATURE _____

DATE _____

THIS BOX IS FOR NOTARY USE ONLY – ID IS REQUIRED FOR NOTARIZATION

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

NOTARY
SEAL

DEPARTMENT OF ENROLLMENT

P.O. Box 134 · Concho, OK 73022 · Phone (405) 422-7600 or 800-247-4612 Ext. 27600

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)	Social security number											
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	<table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>				-			-				
			-			-						
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	or Employer identification number											
	<table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				-							
			-									

Part II Certification			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and			
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and			
3. I am a U.S. citizen or other U.S. person (defined below); and			
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.			
<table><tr><td>Sign Here</td><td>Signature of U.S. person</td><td>Date</td></tr></table>	Sign Here	Signature of U.S. person	Date
Sign Here	Signature of U.S. person	Date	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they