



DNA Banking
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Marshfield, WI 54449
Phone: 715-387-0484
Fax: 715-384-3661
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DNA Bank Change of Name/Address Form - Depositor

Use this form if you have already banked your DNA with PreventionGenetics and would like to notify us of a change of address or name. **Please write legibly.**

When complete, please mail or fax this form to PreventionGenetics at the address shown above.

Depositor's previous family (last) name: _____

Depositor's new family (last) name: _____

Depositor's first name: _____

Depositor's middle name(s) or initial: _____

Depositor Number (from signature page of Banking Agreement): _____

Name of person completing this Form (if other than the Depositor):

- Indicate relationship to Depositor:** Representative of Depositor
 Parent, Guardian, or Agent with Power of Attorney for Depositor
 Both

Depositor's new address:

Street: _____

City: _____ State: _____

Zip or Postal Code: _____ Country: _____

Phone Numbers (include area codes):

Home: _____ Cell: _____

Email Address: _____

Signature

Date

Print Name