Membership Record Change Reques	t Name of person filling out	this request:
Check and have below: Date this request is being filled out:		
Check one box below:		OTHER type of change
FAMILY MOVE-IN. FAMILY MO	VE-OUT.	OTHER type of change. (Summarize type of change in box below,
		and if necessary, use back of this form to
INDIVIDUAL MOVE-IN. INDIVIDUAL	. MOVE-OUT.	provide as much detail as possible.)
		Type of other change:
Head of Household or single member's full name:		
Last	First	Middle
	/Dirth data not requir	and for
Birthdate:	(Birthdate not requir move-outs)	Office Wernbership Clauds.
Month Day Year		NM M D T P E HP
	Temple Recommend Exp	iration date:
(***Membership Status Codes: NM=NonMember, M=M	lember, D=Deacon, T=	Teacher, P=Priest, E=Elder, HP=High Priest)
New Address:		- · · · · · · · · · · · · · · · · · · ·
Street address:		New Phone Number:
City Sta	te Zip	
		Area Code
Spouse's full pre-married name:		
Last	First	Middle
	(Birthdate not requir	red for
Birthdate:	move-outs)	***Circle Membership Status: NM M D T P E HP
Month Day Year		TAIN IN B I I E III
	Temple Recommend Exp	iration date:
If married within	City	County State/Country Check box if
last 12 months,	City	County State/Country Check box if temple sealing:
Marriage Date: Month Day Year		
List Children to be grouped with this household: (not required for move	ve-outs)	
Name	Birthdate	Circle Membership Status:
		NM M D T P E HP
Mont	h Day Y	ear
		NM M D T P E HP
Mont	h Day Y	ear
		NM M D T P E HP
Mont	h Day Y	ear
		NM M D T P E HP
Mont	h Day Y	ear Time IVI B 1 1 E 1 II
		NM M D T P E HP
Mont	h Day Y	ear TAIN IN B 1 1 E 111
I IVIOITE		NM M D T P E HP
Mont	h Day Y	ear NIVI IVI D I P E HP
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