

CHANGE OF ADDRESS FORM

In the event you relocate, please complete this form and return to:

Kansas Cremation Services
P.O. Box 6042
Leawood, Kansas 66206-0042

CURRENT

Name: _____

Address: _____

City, St Zip: _____

Phone: _____

Contract # _____

NEW

Name: _____

Address: _____

City, St Zip: _____

Phone: _____

County: _____

Thank you for your attention to this matter.

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