

Social Security / Date of Birth Change

Application Information

Name: _____ Coyote ID: _____
Last First M.I.

If changing or updating Social Security Number:

Please provide the following:

- Social Security Card
- Government issued identification (*Picture identification*)

Current Social Security#: _____

New Social Security#: _____

If changing or updating Date of Birth:

Please provide the following:

- Social Security Card
- Government issued identification (*Showing correct DOB*)

Current Date of Birth: _____

New Date of Birth: _____

Attach all supporting documents or fax them along with this form to (909) 537-7034. Please allow two weeks for information to be visible on your Mycoyote account. Once the change is completed, you will receive an email confirmation.

Office Use Only

Staff Signature: _____ Date Completed: _____