



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court, Prattville, AL 36066
Mail to: Office of EMS, P.O. Box 303017, Montgomery, AL 36130-3017



Information Update Form

For Contact Information Only

Identification	
Social Security Number:	_____ - ____ - _____
Date of Birth:	____ / ____ / _____
Alabama EMS License #	_____

Personal Information	
Last Name:	_____
First Name:	_____ MI: _____
Home Address:	_____
	Street

	City County State Zip
Mailing Address:	_____
(If Different)	Street

	City County State Zip
E-mail Address:	_____ @ _____

Race	Gender	Phone Numbers
Native American <input type="checkbox"/> Black <input type="checkbox"/>	Male <input type="checkbox"/>	Home Phone (____) ____ - ____
Asian <input type="checkbox"/> White <input type="checkbox"/>	Female <input type="checkbox"/>	Work Phone (____) ____ - ____
Hispanic <input type="checkbox"/> Other <input type="checkbox"/>		Cell Phone (____) ____ - ____

In accordance with rule 420-2-1-.08, this form shall be completed and returned to the Office of EMS within 10 days of any change.

This form is intended for contact information updates only. Name changes must utilize the individual application and be accompanied by official documentation such as a marriage license or driver's license.

Received Date
(Office Use Only)

By signing I affirm that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my license.

Signature of Applicant: _____ Date: ____ / ____ / ____

Contact Us
Phone: (334)290-3088
Fax: (334)206-0364