



INCAPACITATED ADULT SECURITY FREEZE REQUEST FORM

To place a security freeze on the Equifax credit report of an incapacitated adult, please send – via U.S. Mail - this form along with copies of the items below in order to verify your information and address as well as that of the individual requiring the security freeze. Placing, temporarily lifting and permanently removing a security freeze is free.

Please Select a Service (only one)

- Place a freeze
- Temporarily lift an existing freeze. Starting and Ending
- Permanently remove an existing security freeze

Guardian/Representative Information

First Name	Last Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Former Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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Proof of Identity

(check box for and include a copy of one of the following)

- Driver's License or State Identification Card
 - Social Security Card
 - Birth Certificate
- The item you select must contain your SSN*

Proof of Guardianship

(check box for and include a copy of one of the following)

- Court Order
- A lawfully executed and valid Power of Attorney

Incapacitated Adult Information

First Name	Last Name	Middle Initial	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Former Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		M M D D Y Y Y Y	

You must also provide copies of the incapacitated adult's Social Security Card and Birth Certificate.

Print and send (via U.S. mail) along with the requested documents to:

**Equifax Information Services LLC
P.O. Box 105788
Atlanta, GA 30348-5788**

