



WIC Program | Health Education and Promotion | Client Advocacy | Reproductive Health Care

Change of Name and/or Address Form

Old Name: _____

Date of Birth: _____

Old Street Address: _____

Old City, State, ZIP: _____

New Name: _____

Phone Number: _____

New Street Address: _____

New City, State, ZIP: _____

Please put an X next to the clinic you visit:

Adams County _____
139 S. Main St
Adams, WI 53910

Marathon County _____
719 North 3rd Avenue
Wausau, WI 54401

Juneau County _____
522 State Road 82 E
Suite F
Mauston, WI 53948

Portage County _____
200 Division St., Suite K
Stevens Point, WI 54481

Langlade County _____
2215 Progress Blvd
Suite A
Antigo, WI 54409

Taylor County _____
153 South 2nd
Medford, WI 54451

Lincoln County _____
318 N. 7th
Tomahawk, WI 54487