



# Legal Name Change/Correction Statement

Department of Safety and  
Professional Services  
Manufactured Home Unit  
P.O. Box 1355  
Madison, WI 53701-1355  
Phone (608) 264-9596

## Manufactured Home Ownership Your TITLE is required with this form

<b>Name Change FROM</b>	<b>Name Change TO</b>
<b>Address</b>	<b>County of:</b>
<b>City, State, Zip Code</b>	<b>Telephone Number</b>

Return this form with your Certificate of Title to:

Wisconsin Dept. of Safety and Professional Services  
Manufactured Home Unit  
P.O. Box 1355  
Madison, WI 53701-1355

There is no fee for a name change or title correction.

This form is to be used for legal name change, not a transfer.

My name has been legally changed or needs to be corrected.

X \_\_\_\_\_