



LEGAL NAME CHANGE/CORRECTION STATEMENT
Manufactured Home Ownership
Your TITLE is required with this form

Department of Safety &
Professional Services
Manufactured Home Unit
P.O. Box 8935
Madison, WI 53708-8935
Phone (608) 264-9596

Name Change FROM	Name Change TO
Address	County of:
City, State, Zip Code	Telephone Number

Return this form with your Certificate of Title to:
Wisconsin Dept. of Safety and Professional Services
Manufactured Home Unit
P.O. Box 8935
Madison, WI 53708-8935

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
