

INCAPACITATED ADULT CREDIT REPORT REQUEST FORM

To request a copy of the Equifax credit report of an incapacitated adult, please submit this form and attach copies of the items below in order to verify your information as well as that of the individual for whom the request is being made.

Credit Report Request Reason (select one):				
Free annual credit report (up to 6 per year) Denied credit or insurance Unemployment				
Receive Public Assistance Fraud Victim Other (please explain				
Guardian/Representative Information First Name	1 Last Name		Middle Initial	Suffix
Current Address		City	State	Zip
Former Address		City	State	Zip
SSN		Date of Birth	D Y Y Y	Y
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
Current Address		City	State	Zip
Former Address		City	State	Zip
SSN		Date of Birth		Ü

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 740241 Atlanta, GA 30374

