



Incapacitated Adult Fraud Alert Request Form

To place an initial one-year fraud alert on an incapacitated adult's Equifax credit report, please 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 needing the fraud alert. Fraud alerts are free.

For the guardian, please provide one from each category:

For proof of your identity

- A copy of your driver's license or other government-issued identification
- A copy of your Social Security card
- A copy of your birth certificate

To show you're the incapacitated adult's authorized representative

- A court order
- A lawfully executed and valid power of attorney

For the incapacitated adult, please provide both of the following:

- A copy of a Social Security card
- A copy of a birth certificate

Guardian/Representative Information

_____ First Name	_____ Last Name	_____ Initial	_____ Suffix
_____ Current Address	_____ City	_____ State	_____ ZIP
_____ Former Address	_____ City	_____ State	_____ ZIP
_____ Social Security number	_____ Date of birth		

Incapacitated Adult Information

_____ First Name	_____ Last Name	_____ Initial	_____ Suffix
_____ Current Address	_____ City	_____ State	_____ ZIP
_____ Former Address	_____ City	_____ State	_____ ZIP
_____ Social Security number	_____ Date of birth		

Please send (via U.S. Mail) this form along with all requested information to: Equifax Information Services LLC P.O. Box 105069 Atlanta, GA 30348