Name of Facility exactly as stated on the license/certificate	License/Certificate #	Date Completed (MM/DD/YYYY)

K.A.R. 28-4-125(c) requires the facility to keep a copy of the completed form on file at the facility. Type or print plainly using black ink. Include **all** names each person used and/or uses.

(Names) Last	First	Middle	Maiden or Any Other Name Ever Used (Alias)	Social Security #	Date of Birth (MM/DD/YYYY)	Gender Male or Female	Race	Address - Street, City, Zip Code Home Phone #
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								