

Marital Change Notification

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of a change in my marital status. As of [Insert Date of Marriage/Divorce], I have [got married/ended my marriage].

Please update my records accordingly. My policy number is [Insert Policy Number].

If you require any additional information or documentation, please let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]