

# CHANGE OF ADDRESS / CHANGE OF NAME

\*Please note that this form must be notarized if you are not making the following changes in person\*

COURT CAUSE NO: \_\_\_\_\_ ISETS NO: \_\_\_\_\_

SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_ I am the Payor (person paying support)

OR

\_\_\_\_ I am the Payee (person receiving support)

PREVIOUS ADDRESS/NAME:

CURRENT ADDRESS/NAME:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF PICTURE ID PRESENTED: # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Before me, \_\_\_\_\_ a notary public in and for \_\_\_\_\_  
County, State of Indiana, personally appeared \_\_\_\_\_, and  
he/she having been first duly sworn upon his/her oath, says that the facts all alleged in  
the foregoing instrument are true.

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_