



JOHN A. CRAWFORD  
Clerk of the Circuit Court / Comptroller  
Ex-Officio Clerk to the Board of County Commissioners  
Nassau County



## CHILD SUPPORT ADDRESS/NAME CHANGE FORM

Please complete this form and return it to the local DRD. Please print.

**If you are requesting a name change, please attach a copy of the supporting document to the completed form.**

Your Name: \_\_\_\_\_

Your SSN: \_\_\_\_\_ Your Case No \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Your Old Mailing Address: \_\_\_\_\_

Your New Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

***Change of address forms will not be processed unless this form is completed in full.***

*I authorize the Nassau County Domestic Relations Depository to change my address.*

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