



JOHN D. KINARD
DISTRICT CLERK GALVESTON COUNTY

REQUEST TO CHANGE NAME/ADDRESS FOR CHILD SUPPORT

Cause Number: _____

Date: _____

TO CHANGE YOUR NAME AND/OR ADDRESS, YOU MUST PROVIDE A COPY OF YOUR STATE ISSUED DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION CARD. NO CHANGE OF NAME OR ADDRESS SHALL BE PROCESSED WITHOUT PROPER IDENTIFICATION. PLEASE PHOTOCOPY YOUR IDENTIFICATION AND RETURN WITH THIS REQUEST.

CHANGE OF ADDRESS

I, _____, do hereby request that the child support division corrects my address to the following:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

CHANGE OF NAME

I hereby request that my name be changed from:

to be changed to :

(Print name as it is currently on record)

(print your new name)

Signature

Date