



# Request for Address and/ or Name Change

SETS CASE NO. \_\_\_\_\_ PLEASE PRINT

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

Social Security No.: \_\_\_\_\_ Your Birth Date: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Are you an ADC recipient? Y or N (Circle One)

Your New Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New County of Residence \_\_\_\_\_ New Phone No: \_\_\_\_\_

Your Old Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THIS IS A NAME CHANGE:**

What was your previous name? \_\_\_\_\_

What is your new name? \_\_\_\_\_

\_\_\_\_\_  
**Please Sign and Date**