

Delaware County
CLERK OF THE CIRCUIT COURT
RICK R. SPANGLER

CHILD SUPPORT DIVISION

Change of Address &/or Name

Payor or Payee

(Circle One)

Old Name &/or Address

Date _____

Name _____

Your S.S. # _____

Address _____

Your D.O.B _____

City _____

Phone # (____) _____

State _____ Zip _____

Case ID # _____

New Name &/or Address

Name of Payor on Case

Name _____

Address _____

City _____

State _____ Zip _____

**YOU MUST INCLUDE A COPY OF YOUR PICTURE I.D.
IN ORDER TO CHANGE THE ABOVE INFORMATION!!!**

MAIL OR FAX TO:

Delaware County Clerk
P.O. Box 1089
Muncie, IN 47308
Fax # 765 747-7768

For Office Use Only

ENTERED BY: _____

DATE ENTERED _____