

AFFIDAVIT

TO THE CLERK OF THE FLOYD CIRCUIT COURT:

I, _____ appeared in person on _____

And request a change of address or name be entered on my behalf as follows:

Name: _____

Social Security Number: _____

Name Change: _____

New Address: _____

I am the _____ Payor _____ Recipient

Please make this change effective: _____

The name(s) of the person(s) who pays the support:

FOR OFFICE USE ONLY:

Driver's license number	Signature of Participant
Birthdate	Printed Name
Height/Weight/Eyes/Hair	Address
Social Security Number	Telephone number
Case#	MPI#
	Date