



JODY PHILLIPS
DUVAL COUNTY CLERK OF THE CIRCUIT COURT
CHANGE OF ADDRESS FORM
501 West Adams Street
Jacksonville, Florida 32202
Fax: 904-255-2392

Please complete this form and mail or fax it back. Please print.

Your Name: _____

Your SSN: _____ Your Case No: _____

Daytime Telephone Number: _____

Your Old Home Address: _____

Your New Home 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 Duval County Domestic Relations Depository to change my address.

Signed: _____ Date: _____