

**CHANGE OF NAME/ADDRESS**

CURRENT (PREVIOUS) NAME \_\_\_\_\_

NEW NAME \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_

(STREET)

NEW ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP CODE

EFFECTIVE DATE \_\_\_\_\_

NAME OF OTHER PARTY \_\_\_\_\_

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**(DO NOT WRITE BELOW THIS LINE)**

COURT CAUSE NUMBER \_\_\_\_\_ ISETS # \_\_\_\_\_

ID CHECKED: DRIVERS LICENSE \_\_\_\_\_ STATE ID \_\_\_\_\_ OTHER \_\_\_\_\_

CHANGES MADE IN JTS \_\_\_\_\_ BY \_\_\_\_\_ ISETS \_\_\_\_\_ BY \_\_\_\_\_

**Please submit with copy of Driver's License or State ID to:**

**Elkhart County Clerk's Office, Support Desk,**  
**Via facsimile at 574-523-2018 or**

**Mail to:**  
**Elkhart County Clerk's Office, Support Desk,**  
**315 S. 2<sup>nd</sup> Street,**  
**Elkhart, Indiana 46516**