

IN THE

COURT, EIGHTEENTH JUDICIAL CIRCUIT,  
BREVARD COUNTY, FLORIDA

CASE NUMBER: 05 - - - -

NAME

CLOCK IN

\_\_\_\_\_  
(Type/print first and last name on line)

CHANGE OF NAME/ADDRESS FORM

I request my name/address be changed.

OLD NAME/OLD ADDRESS

NEW NAME/NEW ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

**If the Department of Revenue (DOR) is involved in your case, you must notify DOR of any change of address. It is NOT the responsibility of the Clerk of Court.**