COURT REGISTRY
CHANGE OF ADDRESS FORM

Cause No. _____Today's Date_____

Minor's Name | Social Security Number | Date of Birth

Next Friend's Name

Former Street Address

City | State | Zip

New Street Address

City | State | Zip

Phone Number

Signature_____

Only the minor or the next friend can submit a change of address. A photo ID must accompany the signature on this form.

CHRIS DANIEL, DISTRICT CLERK
ATTN: COURT REGISTRY
P O BOX 4651
HOUSTON, TEXAS, 77210-4651
(713) 755-6072 Fax