COURT REGISTRY
CHANGE OF ADDRESS FORM

Cause No. _____Today's Date_____

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

Parent / Guardian / 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.

FORT BEND COUNTY CLERK
ATTN: COURT REGISTRY
301 Jackson Street, Room 101
Richmond, Texas 77469
(281) 341-8665