



JODY PHILLIPS
DUVAL COUNTY CLERK OF THE CIRCUIT COURT
DOMESTIC RELATIONS DEPOSITORY
CHANGE OF NAME
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: _____ DOB: _____

Your Old Name: _____

Your New Name: _____

Change of name forms will not be processed unless this form is completed in full. In addition the Domestic Relations Department requires a copy of a picture ID (Driver's License).

I authorize the Duval County Relations Depository to change my name.

Signed: _____ Date: _____

(Please attach copy of picture ID here)