LIVINGSTON COUNTY FRIEND OF THE COURT

210 S. Highlander Way Suite 3 Howell, MI 48843 **Ph:** (877)543-2660 **Fax:** (517) 552-2312

NAMECHANGE FORM

NAME CHANGE

From:

_____

To:

_____

☐ I request support services under Title IV-D of the Social Security Act

☐ Legal documentation of name change attached (Driver's License, Marriage License, etc.,)

Signature (Required): **Date**: