



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Child Support Services

Request for Change of Address

Please complete all information on this form to assist us in accurately updating your account with your current address. ***PLEASE PRINT ALL INFORMATION.***

A copy of official photo identification with a signature must accompany this form.

Name: _____

Date of Birth: _____ Soc. Sec.: _____

DCSS Case Number(s): _____

Current Address: _____

Street

Development or Apartment Complex

City, State, Zip Code

Phone Number

Previous Address: _____

Street

Development or Apartment Complex

City, State, Zip Code

Declaration: I declare under the penalties of perjury that the information given by me on this form is true and complete to the best of my knowledge.

You are also responsible for reporting your change of address to the Family Court of the State of Delaware.

Signature: _____

Date: _____

Complete and return this form to: DCSS, PO Box 15012, Wilmington, DE 19850