



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Child Support Services

Request for Change of Name

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

A copy of verification of the legal name change (i.e. civil union or marriage certificate, divorce decree, court order, copy of current driver's license) must accompany this form.

Former Name: _____

Current Name: _____

Date of Birth: _____ Soc. Sec.: _____

DCSS Case Number(s): _____

Current Address: _____
Street

Development or Apartment Complex

City, State, Zip Code

Phone Number

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.

Signature: _____

Date: _____

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