

**JERALD D. BRYANT
CLERK OF CIRCUIT COURT & COMPTROLLER
312 NORTHWEST 3RD STREET
OKEECHOBEE, FLORIDA 34972**

CHANGE OF ADDRESS FORM

Department: _____ Case No: _____

Date of Request: _____ Date of Birth: _____

Name of Person Requesting Change: _____

Former:

Address: _____

Current:

Address: _____

Phone Number: _____

Email Address: _____

Effective Date: _____

Signature: _____
Person Requesting Change

STATE OF FLORIDA
COUNTY OF OKEECHOBEE

Sworn to and subscribed before me by means of ___ physical presence or ___ online notarization,
this ___ day of _____, 20___ by _____,
who is/are personally known to me or has/have produced _____ as
identification.

Notary Public Signature

OR Jerald D. Bryant
Clerk of the Circuit Court & Comptroller

(Notary name typed or printed)
Notary Seal:

Deputy Clerk