

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

**CHANGE OF NAME FORM**

Department: \_\_\_\_\_ Case No: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Person Requesting Change: \_\_\_\_\_

**Former:**

Name: \_\_\_\_\_

**Current:**

Name: \_\_\_\_\_

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