

Allen County Child Support Enforcement Agency



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Vicki J. Tarr, Director

NAME CHANGE FORM SUBMITTED WITH SSA VERIFICATION

Court Order: _____

Case Number: _____

Previous Name: _____

New Name: _____

Social Security No: _____

Other Party: _____

Verification Included:

- Copy of Social Security Card with NEW/ LEGAL NAME
- Official Verification from Social Security Office of NEW/LEGAL NAME

Your Printed Name

Your Signature

Date

Sworn to and subscribed before me this _____, day of _____, 20_____.

Notary Public Printed Name

Notary Public Signature

State of **Ohio**, County of **Allen**; My Commission Expires: _____ Date _____ Seal