

**BELL COUNTY DISTRICT COURT REGISTRY  
CHANGE OF ADDRESS FORM**

Cause/Case #: \_\_\_\_\_

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Minor's Name	Social Security Number	Date of Birth
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"Next Friend's" name (within the court order)

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Old Street Address

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City	State	Zip Code
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New Street Address

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City	State	Zip Code
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Old Phone Number	New Phone Number
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Person Making: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Only the minor or the "next friend" can submit a change of address. A photo ID must accompany this request (ID must match the signature). Fax requests to (254) 933-5199 or mail the request to:

**Shelia F. Norman**  
**Bell County District Clerk**  
Attn: Court Registry  
P.O. Box 909  
Belton, TX 76513