



ILLINOIS
STATE DISBURSEMENT UNIT
P.O. Box 5921
Carol Stream, IL 60197-5921
Customer Service: (877) 225-7077

NAME CHANGE FORM

All name changes are required to submit official documentation of their name change.
A copy of one of the following with the correct name must be faxed or mailed to the Illinois State Disbursement Unit:

- Driver's License
- Marriage License

Effective Date of Change: _____

	OLD NAME	NEW NAME
First Name:	_____	_____
M.I.:	_____	_____
Last Name:	_____	_____

Phone Number: _____

List all docket/case numbers to which the name change will apply:

Docket Number	Issuing County
_____	_____
_____	_____
_____	_____
_____	_____

_____ Signature <i>(required to validate this request)</i>	_____ Date
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Please fax the completed form to (630) 221-2312 or mail to the Illinois State Disbursement Unit at the above address.

If you would like to receive notifications from the State Disbursement Unit that there has been a disbursement on your child support case listed above, please complete the requested information below.

Mobile phone number: _____
(Standard Text Messaging rates may apply)

Email: _____
(Please print and write clearly)

Preference (Circle One): Text Message Email Message

If both mobile phone number and email address are provided but no preference is indicated the notification method will default to email.