

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF OAKLAND

CHANGE OF NAME
(Interested Party)
 CHANGE OF ADDRESS

File No. _____

In the matter of _____

NAME _____

NEW NAME _____

NEW ADDRESS _____
Street address, apartment/suite#

City, state, zip code _____ phone number _____

PLEASE CHECK APPROPRIATE DESIGNATION:

FIDUCIARY _____ OTHER PARTY OF INTEREST _____

WARD _____

DATE OF NOTIFICATION _____

HOW WAS COURT NOTIFIED?

MAIL _____ TELEPHONE _____ COUNTER _____

EMAIL _____
(If by mail, attach notification)

Do not write below this line – For court use only

Filed _____ 20 _____

Deputy Register of Probate