

CHANGE OF ADDRESS

In the Matter of: _____

File Number: _____

Address Change for (Full Name): _____

Party Description: _____

Guardian, Conservator, Personal Representative, Petitioner, Etc.

Former Address: _____

Number Street

Apartment/Building

City State Zip

Phone Number

New Address: _____

Number Street

Apartment/Building

City State Zip

Phone Number

Signature

Date

Please Submit the Completed Form* to:

Clinton County Probate Court

100 East State Street

Suite 4300

St. Johns, MI 48879

Email: probatecourt@clinton-county.org

***Please include a Proof of Service (PC564) with this form indicating all interested parties were notified of this change.**

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only