

BERKELEY COUNTY
CLERK OF COURT
INFORMATION CHANGE FORM

YOUR FILE # _____

THE OBLIGOR'S FULL NAME: _____
(PAYOR)

THE OBLIGOR'S SOCIAL SECURITY NUMBER: _____

THE OBLIGOR'S HOME ADDRESS: _____

THE OBLIGOR'S DATE OF BIRTH: _____

THE OBLIGOR'S HOME TELEPHONE: _____

THE OBLIGOR'S WORK ADDRESS (NAME OF COMPANY & PHONE NO.) OR SOURCE OF
INCOME: _____

THE OBLIGEE'S FULL NAME: _____
(PAYEE)
NEW ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

HOME TELEPHONE #: _____

WORK TELEPHONE #: _____

OLD ADDRESS: _____

****NOTICE – ALL INFORMATION CHANGES MUST BE ACCOMPANIED BY A COPY OF PICTURE
IDENTIFICATION****

MAIL INFORMATION TO: P.O. BOX 219, MONCKS CORNER, SC 29461

OR BRING IN PERSON TO: 300B CALIFORNIA AVE MONCKS CORNER, SC 29461