

# CHANGE OF ADDRESS FORM

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF HUMAN SERVICES  
*DIVISION OF CHILD SUPPORT SERVICES*

Mail completed form to:  
NH DHHS - DCSS  
CENTRAL INFORMATION UNIT  
129 PLEASANT ST  
CONCORD NH 03301-3857

or

Fax completed form to:  
(603) 271-4787

EFFECTIVE DATE OF CHANGE

NAME (Last, First, Middle Initial)

HOME TELEPHONE

□□□ □□□ □□□□

WORK TELEPHONE

□□□ □□□ □□□□

CELL PHONE

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DCSS CASE ID

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SOCIAL SECURITY NUMBER

□□□-□□-□□□□

NOTE: No Social Security Number is required if  
you provide your DCSS Case ID.

OLD ADDRESS

NEW ADDRESS

By signing this form, I grant DCSS permission to change my mailing address.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**NOTE:** No changes will be made to records without your signature.