

09/07

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	<b>CHANGE OF ADDRESS</b>	FILE NO.
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In the matter of: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Party Description:** \_\_\_\_\_  
Ward, Minor, Guardian, Conservator, Personal Representative, Petitioner, etc.

**Former Address:** \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Name \_\_\_\_\_

Apt No., Bldg No., Suite No., PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**New Address:** \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Name \_\_\_\_\_

Apt No., Bldg No., Suite No., PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit the completed form to:** Montcalm County Probate Court  
625 North State Street  
Stanton, MI 48888

\_\_\_\_\_  
Do not write below this line – For court use only

Entered on JIS \_\_\_\_\_