

# CHANGE OF ADDRESS FORM CONCEALED HANDGUN PERMIT

## Permittee's Name:

\_\_\_\_\_

Last First Middle

**Permit Number:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

## Address as Currently Displayed on Permit:

\_\_\_\_\_

Apt. # Street # Street Name

\_\_\_\_\_

County City State ZIP

## New or Changed Information:

\_\_\_\_\_

Apt. # Street # Street Name

\_\_\_\_\_

County City State ZIP

## Permittee Name Changed to:

\_\_\_\_\_

Last First Middle

**\*Reason Name Changed:**  Separation/Divorce  Legal Name Change  
 \_\_\_\_\_

\_\_\_\_\_  
*\*Attach any supporting documentation  
(i.e. court documents) to this form and retain in your files.*

## Sheriff's Office Use:

**Form received by** \_\_\_\_\_

**Date Received** \_\_\_\_\_

*Once necessary verification has been done, enter the changes indicated above into DCIN.*

***Perform a MODIFY Transaction — MCG.***