

PETITION OF <i>(Name of petitioner or petitioners):</i>	CASE NUMBER:
FOR CHANGE OF NAME	

**NAME AND INFORMATION ABOUT THE PERSON
WHOSE NAME IS TO BE CHANGED**
Attachment of
Attachment to *Petition* (form NC-100 or form NC-200)

(You must use a separate attachment for each person whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian (form NC-110G), must also be completed and attached for each minor whose name is to be changed.)

7. (Continued) Petitioner applies for a decree to change the name of the following person:

- b. Self Other
- (1) Present name *(specify)*:
(2) Proposed name *(specify)*:
(3) Born on *(date of birth)*:
and presently under 18 years of age over 18 years of age
(4) Born at *(place of birth)*:
(5) Sex *(as stated on original birth certificate)*: Male Female
(6) Current residence address *(street, city, county, and zip code)*:

c. Reason for name change *(explain)*:

- d. Relationship of the petitioner to the person whose name will be changed:
- (1) self (4) near relative *(indicate relationship)*:
(2) parent (5) Other *(specify)*:
(3) guardian

- e. If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:
- (1) Father *(name)*: (address):
(2) Mother *(name)*: (address):
(3) *(Only if neither parent is living)* Near relatives *(names, relationships, and addresses)*:

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

DECLARATION	
I declare under penalty of perjury under the laws of the State of California that <input type="checkbox"/> I am not <input type="checkbox"/> I am under the jurisdiction of the California Department of Corrections (in state prison or on parole) and <input type="checkbox"/> I am not <input type="checkbox"/> I am required to register as a sex offender under Penal Code section 290.	
Date:	
_____	_____
(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)	(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)

(If petitioner is represented by an attorney, the attorney's signature follows):

Date:	
_____	_____
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY)

(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.) I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date:	
_____	_____
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)
Date:	_____
_____	_____
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)

ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT

For your protection and privacy, please press the Clear This Form button after you have printed the form.