

DISTRICT COURT, COUNTY OF PEND OREILLE
STATE OF WASHINGTON

In re the matter of:

No.

PETITION FOR CHANGE OF NAME
(ADULT)

Petitioner

1. I am applying for a court order which will change:

my name from _____
(full current legal name)
to _____
(new name desired)

2. I reside in this judicial district. (Photo identification required).

3. This application is not made for any illegal or fraudulent purpose.

4. The change of name will not be detrimental to the interests of any other person.

5. This application is made for the following reasons:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at _____ on _____

(Signature)

If petitioner is currently under the jurisdiction of the Dept of Corrections (D.O.C.) he/she must submit a copy of the Petition for Change of Name to D.O.C. 5 days prior to hearing.

If petitioner is subject to registration requirements as a sex offender he/she must submit a copy of the Petition to the Sheriff of the county of residence and to the Washington State Patrol at least 5 days prior to the hearing.

A hearing will be held on _____ at _____ P.M.

