

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
  - (2)  parent
  - (3)  guardian
  - (4)  near relative *(indicate relationship):*
  - (5)  Other *(specify):*

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:

<b>DECLARATION</b>	
<p>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.</p>	
Date: _____	_____ <small>(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)</small>
<small>(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)</small>	

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

Date: _____	_____ <small>(SIGNATURE OF ATTORNEY)</small>
<small>(TYPE OR PRINT NAME)</small>	

***(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: _____	_____ <small>(SIGNATURE OF PETITIONER)</small>
<small>(TYPE OR PRINT NAME)</small>	

Date: _____	_____ <small>(SIGNATURE OF PETITIONER)</small>
<small>(TYPE OR PRINT NAME)</small>	

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.**