PETITION OF *(name of petitioner or petitioners):* FOR CHANGE OF NAME	CASE NUMBER:

NAME AND INFORMATION ABOUT THE PERSON WHOSE NAME IS TO BE CHANGED

Attachment _____ **of** _____

Attachment to *Petition* (form NC-100)

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

1. Petitioner applies for a decree to change the name of the following person:

   a. ☐ Self

      ☐ Another person

      (1) Current legal name *(specify):*

      (2) Proposed legal name *(specify):*

      (3) Born on *(date of birth):* and presently

      ☐ under 18 years of age

      ☐ 18 years of age or older

      (4) Born at *(place of birth):*

      (5) Sex as stated on birth certificate *(check one; if your birth certificate reflects a nonbinary (X) gender marker, check the box shown on the original birth certificate for the purpose of a federal database search):*

      ☐ Male

      ☐ Female

      (6) Current residence address *(street):*

      City: County: State: Zip:

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

   c. Relationship of the petitioner to the person whose name will be changed:

      (1) ☐ Self

      (2) ☐ Parent

      (3) ☐ Guardian

      (4) ☐ Guardian ad litem or attorney for minor appointed by juvenile court

      (5) ☐ Near relative *(indicate relationship):*

      (6) ☐ Other *(specify):*

   d. 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) Parent *(name):* *(address):*

      (2) Parent *(name):* *(address):*

      (3) *(Only if neither parent is living)* Near relatives *(names, relationships, and addresses):*

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(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 *(check one)* ☐ I am not ☐ I am under the jurisdiction of the California Department of Corrections and Rehabilitation (in state prison or on parole) or in county jail **and** *(check one)* ☐ I am not ☐ 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 (Use Current Legal Name)

▶ 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 of Petitioner's Attorney

▶ 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. If the petitioner is the person whose name is to be changed, use the petitioner's current legal name.) 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 button after you have printed the form.

Print Save Clear