

DISTRICT COURT FOR THURSTON COUNTY, WASHINGTON

IN THE MATTER of the Change of Name of _____) No. _____
_____))
_____)) PETITION FOR ADULT NAME CHANGE

Petitioner is a resident of Thurston County, Washington. Petitioner does not seek this name change to defraud or mislead any person. Petitioner declares further: (check all boxes that pertain to you)

☐ I wish to change my name **from:** _____
(Current First, Middle and Last Name)

to: _____
(Proposed First, Middle and Last Name)

☐ Petitioner is currently under the jurisdiction of the Department of Corrections (DOC) and will submit a copy of the Petition for Name Change to DOC at least five (5) days prior to this hearing.

☐ Petitioner is subject to registration requirements as a sex offender and will submit a copy of this application to the Sheriff of the petitioner's county of residence and to the Washington State Patrol at least five (5) days prior to this hearing.

A ☐ photo ID is presented with this Petition.

☐ Petitioner is _____ years of age.

This application is made for the following reasons:

I have used the following additional name(s) either currently or in the past: If none, then enter "none."

1. _____ 2. _____
(First) (Middle) (Last) (First) (Middle) (Last)

I declare under penalty of perjury under the laws of the State of Washington that the statements in this petition are true and correct and that I have checked all boxes that pertain to me.

Signed at _____, on _____.
(City and State) (Date)

(Petitioner's Printed Full, Middle and Last Name) (Petitioner's Signature)

Address _____ Phone _____

_____ Email _____

A hearing on this Petition will be held _____, 2 _____ at _____ am pm.