

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, form NC-300, or form NC-500)**

*(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.)*

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 or older
- (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)  Guardian ad litem or attorney for minor appointed by juvenile court
- (2)  Parent (5)  Near relative *(indicate relationship)*:
- (3)  Guardian (6)  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) Parent *(name)*: (address):
- (2) Parent *(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 <i>(check one)</i> <input checked="" type="checkbox"/> I am not <input checked="" type="checkbox"/> I am under the jurisdiction of the California Department of Corrections and Rehabilitation (in state prison or on parole) or in county jail and <i>(check one)</i> <input checked="" type="checkbox"/> I am not <input checked="" type="checkbox"/> I am required to register as a sex offender under Penal Code section 290.</p>	
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 Page 1 of 1