

PETITION TO CHANGE NAME OF ADULT G. L. c. 210, § 12	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
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In the Matter of: _____ _____ _____ First Name Middle Name Last Name (Current Name of Petitioner)	_____ Division
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INFORMATION ABOUT THE PETITIONER

1. My current legal name is: _____
_____ _____ _____
First Name Middle Name Last Name

2. My current address is: _____
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Mailing Address, if different: _____
(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: _____ Email Address: _____

FORM ALERT: The petitioner must reside in the county where this petition is filed.

3. Have you changed your name prior to this petition? No Yes
If Yes, please complete the following:

From: _____

To: _____

Reason: _____

FORM ALERT: A certified copy of your birth certificate and a certified copy of any prior name change (i.e., marriage certificate, divorce decree, court order changing name) must be filed with this petition.

Check here to request a return, by first class mail, of all certified copies of documents filed with the court after review and processing.

INFORMATION ABOUT THE PROPOSED NEW NAME

4. I am requesting that my name be changed from my current legal name to:

_____ _____ _____
First Name Middle Name Last Name

5. I am requesting that my name be changed for the following reason:

AUTHORIZATION TO CONDUCT A CARI AND WMS CHECK

6. I authorize the court to conduct a Court Activity Record Information (CARI) and Warrant Management System (WMS) check on any names used by me by submitting the attached Court Activity Record Information and Warrant Management System Release Request Form (CJP 34).

OTHER REQUESTS (OPTIONAL)

7. If there is a hearing on this petition, I request an interpreter. Language: _____

NOTARIZED SIGNATURE OF PETITIONER

Date: _____ Sign here in the presence of a Notary → _____

Type or Print Name of Petitioner

Commonwealth of Massachusetts

County of _____

On This _____ day of _____, 20 _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which
(Name of Document Signer)

were _____, to be the person who signed the preceding or attached document in my presence, and

who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature _____ My commission expires: _____

Print Name _____

Information on Attorney for Petitioner, if any

Signature of Attorney

(Print name)

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

B.B.O. # _____

Email: _____

COURT ACTIVITY RECORD INFORMATION AND WARRANT MANAGEMENT SYSTEM RELEASE REQUEST FORM	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
<u>NAME CHANGE OF</u> <hr/> Case Name _____		<hr/> Division _____

Type of Proceeding:

- Change of Name

 Adoption
 Guardianship of Incapacitated Person

 Guardianship of Minor
 Other: _____
Type of Proceeding

See generally, G. L. c. 190B, § 5-107; G. L. c. 210, § 13; Probate and Family Court Standing Order 1-11; and Uniform Practice XXXV.

Current Name _____

Date of Birth _____ Social Security Number (last four digits ONLY): XXX - XX - _____

Mother's Maiden Name _____

Have you ever used any other name or alias? If yes, please list any and all names below:

↓ ↓ **FOR COURT USE ONLY** ↓ ↓

Results of CARI

- Record (attached)
 No Record
 Sealed Record

Results of WMS

- Active Warrants (attached)
 No Warrants

Check conducted on:

 (Date)

 (Print Name)