

STATE OF SOUTH DAKOTA )  
 )ss:  
COUNTY OF \_\_\_\_\_ )

IN CIRCUIT COURT  
\_\_\_\_\_ JUDICIAL CIRCUIT

\*\*\*\*\*

In the Matter of the Petition of )  
 )  
\_\_\_\_\_)  
(Current Name) )  
 )  
For a Change of Name to )  
 )  
\_\_\_\_\_)  
(Proposed Name) )  
 )

CIV: \_\_\_\_\_

**VERIFIED  
PETITION FOR ADULT  
NAME CHANGE**

\*\*\*\*\*

COMES NOW Petitioner and does hereby state, under oath as follows:

1. Petitioner's current name is \_\_\_\_\_.
2. Petitioner's full name, as it appears on Petitioner's birth certificate, is \_\_\_\_\_  
\_\_\_\_\_.
3. Petitioner is an adult \_\_\_\_\_ years of age; date of birth: \_\_\_\_\_.
4. Petitioner's gender at birth was: male / female.
5. Petitioner was born in \_\_\_\_\_, \_\_\_\_\_ County, State  
of \_\_\_\_\_.
6. The full maiden name of Petitioner's mother is \_\_\_\_\_.
7. The month, day and year of Petitioner's mother's birth was \_\_\_\_\_ and  
she was born in \_\_\_\_\_, \_\_\_\_\_ County, State of  
\_\_\_\_\_.
8. The full name of Petitioner's father as it appears on Petitioner's birth certificate is  
\_\_\_\_\_.

9. Petitioner's father was born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
and he was born in \_\_\_\_\_, \_\_\_\_\_ County, State of  
\_\_\_\_\_.

10. Petitioner's street address is \_\_\_\_\_,  
\_\_\_\_\_ County, South Dakota.

11. Petitioner has been a resident of \_\_\_\_\_ County, South Dakota for more than  
six months prior to filing this petition.

12. The reason for wanting the name change is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. This petition is made in good faith, I do not intend to defraud anyone, and it is not done for  
the purpose of hiding my identity from any person, creditor or governmental agency of any  
kind or as to avoid discovery by such person, creditor or governmental agency.

14. I request that my name be legally changed from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Petitioner (Signature)

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, ZIP code

\_\_\_\_\_  
Telephone Number

**VERIFICATION**

STATE OF SOUTH DAKOTA        )  
  : SS  
COUNTY OF \_\_\_\_\_        )

Petitioner, being first duly sworn, deposes and states that he or she verifies the facts expressed within the Verified Petition for Adult Name Change are true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Petitioner's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Clerk of Court

(SEAL)

If Notary, my commission expires: \_\_\_\_\_