County Court District Court Denver Juvenile Court County, Colorado		
Court Address:		
In the Matter of the Petition of: Parent(s)/Petitioner(s):	_	
for:		
Minor Child:	▲ COURT USE	ONLY 🔺
to change the child's name to:		
Attorney or Party Without Attorney (Name and Address):	Case Number:	
Phone Number: E-mail:		
FAX Number: Atty. Reg. #: PETITION FOR CHANGE OF NAME (Division Court	room
TETTION FOR CHANGE OF NAME	WIINOR CHILD)	
. Information regarding the minor child:		
Full Name of Minor Child Mailing Address (First, Middle and Last)		Date of Birth
(,		
. The minor child is a resident of County	v, Colorado.	
. I/We wish	to change the name of the	minor child to
First Name Middle Name Last	t Name	·
My/Our relationship to the child is		
. The proposed change would be proper and not detrimental to the interests the minor child.	of any other person and in th	e best interest of
. The reason for the change of name is		
is. The child \square is \square is not the subject of a child support, allocation of parental please identify (case number), (name of Court).	responsibilities, or parenting t (type of case) and	ime action. If so,
The minor child (if 14 years of age or older), has not been adjudicated as constitute a felony if committed by an adult in this state or any other state criminal history record check for the minor child is attached as Exhibit A and of this Petition.	or under federal law. The	fingerprint-based
. The required notice to the non-custodial parent has been accomplished by: ☐ consent (JDF 423) or ☐ request to publish (JDF 424) and is filed with the non-custodial parent)		e (There is no

(Checking this box requires you to remove JDF number and control of the control o		, 	
I/We, swear/affirm us statements contained in this Petition are true to the best of my	nder oath that I have rea		n and that the
Date:	Signature of Petitioner		
	Address		
	City, State, Zip Code		
	Telephone #: (home)	(work)	(cell)
Subscribed and affirmed, or sworn to before me in the County day of, 20 My Commission Expires:	of		, this
Date:	Signature of Petitioner		
	Address		
	City, State, Zip Code		
	Telephone #: (home)	(work)	(cell)
Subscribed and affirmed, or sworn to before me in the County day of, 20 My Commission Expires:	of	, State of	, this
	Deputy Clerk/No	ary Public	