

**THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE
IN AND FOR NEW CASTLE COUNTY**

IN RE CHANGE OF NAME OF: _____)
_____)
to _____) C.A. No. _____)
_____)
_____)

PETITION FOR NAME CHANGE

Select One:

() An Adult, () a Minor under the age of 18 years.

1. Petitioner, whose address is _____,
is a resident of _____ County, State of Delaware.

Petitioner's daytime telephone number is _____.

2. Date and location of Birth of Petitioner or Minor is _____
in _____.

3. Petitioner desires to change his/her name or Minor's name from
_____ to _____.

4. The reason for the proposed change of name is:

_____.

5. There are no creditors or other persons who will be defrauded or
adversely affected by said change of name.

6. Notice of this Petition has been published in _____
Newspaper in _____ County, once a week for three weeks prior to the
filing of this Petition. An Affidavit of Publication is attached hereto as Exhibit "A" and
incorporated herein by reference.

7. Complete this section only if Petitioner has pending criminal charges or is
currently subject to the supervision of the Department of Correction.

(a) If applicable, list all pending criminal charges:

(b) If Petitioner is on probation or parole, specify the name of the
officer, the term of probation or parole, and the charge(s):

8. Complete this section only if Petitioner is filing on behalf of a minor (Child
has not reached the age of 18 years.)

(a) The names and addresses of child's living natural parents are:

(b) If applicable, the name(s) and date(s) of death of child's deceased
natural parent(s) is/are: _____

9. Are you currently required to register with the Delaware State Police or with any other governing authority in any jurisdiction? Yes _____ No _____

If yes, please state why _____

DATE _____ PETITIONER _____

MINOR _____ PETITIONER _____

PETITIONER _____

