

THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE
IN AND FOR SUSSEX COUNTY

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

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 Corrections.

(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