

ORDR

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Self-Represented Petitioner

**DISTRICT COURT
_____ COUNTY, NEVADA**

In the Matter of the Application of:

(print the old name you do not want anymore)
For Change of Name.

CASE NO.: _____

DEPT: _____

ORDER FOR CHANGE OF NAME

This Order was submitted (*check one*) after a hearing without a hearing before the above-entitled court, and after a review of the pleadings and papers on file and the testimony given, if any, and good cause appearing therefore:

IT IS ORDERED that the name of the Petitioner, who was born on *(date of birth)* _____ in *(city)* _____ *(state)* _____

be legally changed from

(old) _____
(first) _____ *(middle)* _____ *(last)* _____

To *(new)* _____
(first) _____ *(middle)* _____ *(last)* _____

A new birth certificate (*check one*) shall shall not be issued.

DATED this _____ day of _____, 20____.

DISTRICT COURT JUDGE

Submitted By: *(your signature)* ▶ _____

(print your name) _____