

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Your mailing address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Your phone number

**Petitioner Pro Se**

**Montana \_\_\_\_\_ Judicial District Court**  
*Number of the Judicial District where you are filing*

**\_\_\_\_\_ County**  
*Name of the county where you are filing*

In the Matter of the Name Change of

\_\_\_\_\_  
Child's full name now

\_\_\_\_\_  
Petitioner (your name),

on behalf of

\_\_\_\_\_  
Minor Child (child's name now).

Cause No.: \_\_\_\_\_

Dept. No.: \_\_\_\_\_

## **Petition for Name Change (Child)**

I would like this court to change a minor child's name. (*Montana Code Annotated 27-31-101*)

### **1 Your Relationship to the Child** (*Choose one*)

- I am the  Mother **or**  Father of the minor child.
- Both of the parents of the child are dead. I am the child's guardian.
- Both of the parents of the child are dead. There is no legal guardian of the child. I am a  near relative **or**  friend of the child.

**2 Child's Current Name**

\_\_\_\_\_  
*First Middle Last*

**3 Child's New Name**

\_\_\_\_\_  
*First Middle Last*

**4 Child's Address**

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State*

**5 Child's Place of Birth**

\_\_\_\_\_  
*City County State*

**6 Child's Date of Birth**

The child was born on (date) \_\_\_\_\_. The child is \_\_\_\_ years old.  
*mm/dd/yyyy*

**7 Child's Close Relatives**

*Choose one:*

One or both of the child's parents are still alive. (*Skip to Number 8.*)

**or**

Both of the child's parents are dead. The child's closest relatives are:

Name: \_\_\_\_\_

Home: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City State*

Name: \_\_\_\_\_  
Home: \_\_\_\_\_  
          *Street Address*  
          \_\_\_\_\_  
          *City*                    *State*

**8 Reason for Name Change**  
*(Why do you want to change the child's name?)*

**I am not changing the child's name to avoid debt, hide a criminal record, or for any other improper reason.**

**9 Consent or Notice** *(Check One)*

- All parents and legal guardians of the child have agreed to the name change. Each parent and/or guardian of the minor child has filed a written consent to the name change, filed separately from this Petition. Publication of this name change is not required.
- I will put a notice of the hearing for the minor child's name change in a newspaper published in this county. The notice will appear one day each week for 4 weeks in a row. If there is no newspaper published in this county, I will post a copy of the notice in at least 3 public places in this county for 4 weeks in a row.

**I respectfully ask this Court to:**

1. Change the child's name;
2. Schedule a hearing to decide this matter;
3. Order any other relief the Court decides is just and proper.

**Note:** *You must sign and date this Petition. By signing, you are stating that:*

- *You have read the Petition;*
- *The information in the Petition is true to the best of your knowledge; and*
- *You are not using this Petition for an improper reason.*

Date: \_\_\_\_\_  
*mm/dd/yyyy*

Petitioner's Signature: \_\_\_\_\_  
**Sign here**

Print Name: \_\_\_\_\_