STATE OF NORTH CAROLINA IN THE GENERAL COURT OF JUSTICE

COU	NTY OF	BEFORE THE CLERK OF SUPERIOR COURTSP					
IN R	E: CHANGE OF NAME						
From	1:	PETITION FOR					
	(Full name as shown on the birth certificate)	NAME CHANGE (MINOR)					
10	(Full name minor child desires to adopt)						
тот	THE COUNTY CLERK	OF SUPERIOR COURT:					
Now	comes the Petitioner(s),(Insert pe	and					
	(Insert pe	titioner's full name) _, on behalf of the minor child and					
petitio	(If applicable, insert other petitioner's full name) ons the Clerk of Superior Court pursuant to N.C changing the name of said minor child named by	C.G.S. §§ 101-2 and 101-3 to enter an					
	apport of this petition, the Petitioner shows mation:	the clerk the following required					
1.	The Petitioner is: ☐ The minor child's: ☐ Parent ☐ Parents; OR ☐ A minor child who is 16 or 17 years old						
2.	The Petitioner is a bona fide resident of, and domiciled in,						
		(County)					
(State 3.	The Petitioner is seeking to change the minor	child's name:					
	From:(Minor child's full name as shown on the birth certificate)						
	To:(Full name minor child desires in	to adopt)					
4.	The minor child was born in(City)						
	(Ctry) (State) (Date of Birth)	(Coanty)					

5.	The full name of the minor child's parents as shown on the birth certificate are:						
	Mothe	er:					
	Father						
	□ ch€	eck if not shown on the	he birth certificate.				
6.	The reasons for requesting said name change are as follows:						
7.	Check	c one of the following	g:				
			inor child has not preving inor child was previou				
8.	Check	☐ The parents consent to t☐ Only the mo	g that are TRUE: behalf of said minor s shown on the birth co he name change other's name is shown parents shown on the	ertificate are b	oth living and certificate		
	 I am a minor, age 16 or 17, seeking to change my name with the consent of my custodial parent; AND □ My father is not listed on the birth certificate □ My non-custodial parent is deceased □ My non-custodial parent has abandoned me 						
name	e be chan	iged:	rays the Clerk the follo	_			
		(Minor child	's full name as shown on	the birth certific	rate)		
TO:					·		
		(Full nam	ne minor child desires to a	dopt)			
Respectfully submitted, this the			day of	, 2	, 20		
			Petitioner's signatur	e			
			Petitioner's address City	State	Zip Code		
				ature_			
			City	State	Zip Code		