

FORM C

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name (first, middle, last)

To Change the Name of:

Name of Minor Child (first, middle, last)

To:

Name you wish your child to assume

Superior Court Of New Jersey
Law Division

County
Docket No. _____
(To be filled in by the court)

**CIVIL ACTION
Final Judgment**

_____, having made application to this Court by duly
(your name, first, middle, last)
verified complaint for a judgment authorizing (check one) his her minor child to assume the
name of _____, and it appearing to the Court that all the
(name you wish your child to assume)
provisions of *N.J.S.A. 2A:52-1-4* and the Current *N.J. Court Rules* relating thereto have been complied with:

IT IS ON THIS ____ day of _____, 20____, **ORDERED** and **ADJUDGED** that
(leave blank for the court to complete)
_____, who was born on _____, and whose social
(your child's name, first, middle, last) (month, day, year)
security number is _____, be and hereby is authorized to assume the name of
(your child's social security number)
_____, from and after _____, and
(name you wish your child to assume) (leave blank for the court to complete)

DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE

IT IS FURTHER ORDERED that within twenty days hereof plaintiff shall cause a copy of this Final
Judgment to be published once in _____; and within forty-
five days after entry of Judgment, plaintiff shall file proof of publication of this Final Judgment with the deputy
Clerk of the Superior Court (in which you filed your verified complaint) and a certified copy of this Final
Judgment with the Department of Treasury pursuant to the provisions of the Statute and Rules in such case made
and provided; and

IT IS FURTHER ORDERED that the published version of the final judgment shall not contain the
minor child's social security number.

Dated

J.S.C.