

FORM B

Name

Street Address

City, State, Zip

Telephone Number

Superior Court Of New Jersey
Law Division

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

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

CIVIL ACTION
Order Fixing Date of Hearing

Application being made to the Court by _____,
(your name, first, middle, last)
for a judgment authorizing (check one) his her minor child to assume another name and for
the entry of an order fixing a date for the hearing of such application,

DO NOT WRITE BELOW THIS LINE THE COURT WILL COMPLETE

IT IS ON THIS ____ day of _____, 20 __, **ORDERED** that the ____ day of
_____, 20__, at ____ a.m., or as soon thereafter as the matter can be heard, at the courthouse
in the City of _____, County of _____, State of New Jersey, be fixed as the
time and place for the hearing of such application and of any objections that may be made thereto.

IT IS FURTHER ORDERED that a notice of such application be published in
_____ once, at least two (2) weeks preceding the
date set for the hearing.

J.S.C.

NOTE: Copies of the verified complaint and order fixing the date of the hearing must be sent to the
parent of the minor child via regular mail and certified mail, and to the newspaper for publication and
served on the County Prosecutor if the minor has charges pending.