

**FORM D**

\_\_\_\_\_  
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:**

\_\_\_\_\_

Superior Court Of New Jersey  
Law Division  
\_\_\_\_\_ County

Docket No. \_\_\_\_\_  
(To be filled in by the court)

**CIVIL ACTION**

**Proof of Mailing**

On \_\_\_\_\_, I, the undersigned, mailed a copy of the Complaint for Name Change and Order Fixing Date of Hearing in accordance with the rules of Civil Practice and Procedure to:

(check all that apply)

the Prosecutor of \_\_\_\_\_ County, via regular mail and certified mail, return receipt requested;

the non-party parent of the minor child at his or her last known address, via certified mail, return receipt requested;

**NOTE:** Attached are the green return mail receipt(s) for (check all that apply)

the Prosecutor of \_\_\_\_\_ County.

the non-party parent of the minor child;

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature