

Form B

Name

Street Address

City, State, Zip

Telephone Number

In the Matter of the Application of:

Your Name

To Assume the Name of:

Name you wish to assume

Superior Court of New Jersey
Law Division

_____ County

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

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) him her 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: A copy of the Order Fixing Date of Hearing must be sent via regular mail and certified mail to the newspaper for publication and served on the Director of the Division of Criminal Justice. If there are criminal charges pending, copies of the Verified Complaint, Certification of Confidential Information for Name Change and Order Fixing Date of Hearing must be sent via regular mail and certified mail and served on the County Prosecutor and/or the Office of the Attorney General.