

**Form D**

\_\_\_\_\_  
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**

**Proof of Mailing**

A. Check the appropriate box(es), below:

On \_\_\_\_\_, I, the undersigned, mailed a copy of the Order Fixing Date of Hearing in accordance with the *Rules of Court* to the Division of Criminal Justice of New Jersey, via certified mail, return receipt requested.

**OR**

On \_\_\_\_\_, I, the undersigned, mailed a copy of the Verified Complaint for Change of Name, Certification of Confidential Information for Name Change and Order Fixing Date of Hearing in accordance with the *Rules of Court* to (check all that apply):

the Division of Criminal Justice of New Jersey, via certified mail, return receipt requested;

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

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

the Division of Criminal Justice of New Jersey

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

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