

Form A

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

**Verified Complaint Including
Certification of Plaintiff for Name
Change**

The plaintiff, _____, whose place of residence is
(your name, first, middle, last)
_____, in the City of _____, County of
(street address) (City)
_____, in the State of New Jersey says:
(County)

1. I am the Plaintiff in this matter.
2. My current legal name is _____
(your name, first, middle, last)
3. My social security number can be found in the attached Certification of Confidential Information for Name Change.
4. I was born on _____, in _____.
(month, day, year) (place of birth)
5. I have since birth been identified by the following names: (first, middle, last)

6. I (check one) have have not been married.
7. I (check one) have have never been convicted of a crime, and have no criminal charges pending against me, except: (please supply county, municipality, nature, date of crime and/or pending charges)

8. This application (check one) is is not being made with the intent to avoid creditors or criminal prosecution or for other fraudulent purpose.

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9. I (check one) have have no unsatisfied judgments of record, or suits pending against me, except: (enter any recorded judgments or pending suits)

10. I request this name change for the following reasons:

11. I (check one) have have not made any previous applications to assume another name.

12. I (check one) do do not have any pending applications for a name change in any other court or jurisdiction to the best of my knowledge and belief, except: (enter the state, county and docket number(s) of any pending applications)

13. I understand that I must advise the court if there are any changes in the facts stated in this Verified Complaint.

WHEREFORE, plaintiff demands judgment pursuant to *N.J.S.A. 2A:52-1 to -4*.

Signature of Plaintiff

Certification

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 of Plaintiff