



CHANGE OF NAME

RIGL 33-22-28

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Current Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

Mailing Address (if different) _____

City/Town _____ State _____ Zip Code _____ Phone Number _____

Name on Original Birth Record _____

Date of Birth _____ Place of Birth _____

Mother's Maiden Name _____ Father's Name _____

Petitioner's Occupation _____ Petitioner's Marital Status (optional) _____

The Petitioner has previously changed their name by Court Order: Yes No (if yes, attach copy)

The Petitioner resided at the following addresses:

Reason for Name Change (be specific):

Petitioner Requests a Name Change to: _____

If applicable, the name on the birth record should be changed to: _____

The undersigned Petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Name of Petitioner _____ Relationship of Petitioner _____

Signature of Petitioner _____ Date _____
PETITIONER SIGN HERE

Notary:

Name of Notary _____ State _____ County _____

On _____ day of _____, 20_____ the petitioner, known to me or proved through satisfactory evidence, signed the document in my presence and swore or affirmed the statement(s) in the documents is/are truthful and accurate.

Signature of Notary Public _____ Date _____
NOTARY SIGN HERE

Commission ID# _____ Commission Expiration Date _____ Notary Seal _____

DECREE

Upon hearing thereon, the petitioner's request for change of name to _____ and, if applicable, the name on the birth record shall be changed to _____ are hereby granted this _____, day of _____ 20_____.

Probate Judge _____ Date _____

Signature of Probate Judge _____
PROBATE JUDGE SIGN HERE

Attach certified copy of the original birth certificate and BCI report.