

YAKIMA COUNTY DISTRICT COURT

In the Matter of the Change of Name of:

[Legibly print or type the minor's full name here]

By: _____
Petitioner [Parent/Legal Guardian]

Interpreter: _____

NO.:

**PETITION FOR CHANGE OF NAME
[MINOR]**

1. I am petitioning for a court order that will change the name of my child or ward from:

First: _____ Middle: _____ Last: _____

to:

First: _____ Middle: _____ Last: _____

2. My minor's birth date is: _____

3. My minor's father's name is: _____

4. My minor's mother's name is: _____

5. I reside in Yakima County, Washington.

6. This application is made for the following reason(s):

7. This Petition is not made for any illegal or fraudulent purposes or to defraud any creditors. The change of name would not be detrimental to the interest of any other person.

8. **The minor is not** subject to the jurisdiction of the Washington Department of Corrections.

The minor is subject to the jurisdiction of the Washington State Department of Corrections. I certify that I provided a copy of this Petition to the Department on _____. I know I must provide a copy of any order granting a name change to the Department within five days of its entry by the Court and that failure to do so is a crime.

9. **The minor is not** subject to the sex offender registration laws of the State of Washington.

The minor is subject to the sex offender registration laws of the State of Washington. I certify that I provided a copy of this Petition to the Yakima County Department on _____ and the Washington State Patrol on _____. I know I must provide a copy of any order granting a name change to the sheriff of the County where I reside and to the Washington State Patrol within five days of its entry by the Court and that failure to do so is a crime.

10. The undersigned declares under penalty of perjury under the laws of the State of Washington that the foregoing statements are true and correct.

Signed at _____ on _____
[City where you signed this form] [Date you signed this form]

[Signature of Parent or Legal Guardian] [Petitioner's phone number]

{Petitioners mailing address} {Petitioners email address}

Signed at _____ on _____
[City where you signed this form] [Date you signed this form]

[Signature of Second Parent or Legal Guardian]