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| ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): | STATE BAR NUMBER: |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PETITION OF (name of each petitioner): | |
| PETITION FOR CHANGE OF NAME | |
| CASE NUMBER: | |

Before you complete this petition, you should read the *Instructions for Filing a Petition for Change of Name* (form NC-100-INFO). You must answer all questions and check all boxes that apply to you on this petition. You must file this petition in the superior court of the county where the person whose name is to be changed resides.

1. Petitioner (present name): _____ resides in this county.

2. Petitioner requests that the court decree the following name changes (list every name that you are seeking to change):

| <u>Present name</u> | <u>Proposed name</u> | |
|---------------------|----------------------|--|
| a. | changed to | |
| b. | changed to | |
| c. | changed to | |
| d. | changed to | |

Continued (if you are seeking to change additional names, you must prepare a list and attach it to this petition as Attachment 2.)

3. Petitioner requests that the court issue an order directing all interested persons to appear or file objections to show cause why this petition for change of name of the persons identified in item 2 should not be granted.

4. The number of persons under 18 years of age whose names are to be changed is (specify):

5. If this petition requests the change of name of any person or persons under 18 years, this request is being made by

- a. two parents.
- b. one parent.
- c. near relative (name and relationship):
- d. guardian (name):
- e. other (specify):

6. This petition seeks to change name of (check one) petitioner (name):
to conform to that person's gender identity.

7. For each person whose name is to be changed, petitioner provides the following information (you must attach a completed copy of the attachment Name and Information About the Person Whose Name Is to Be Changed (form NC-110) for each person identified in item 2):

- a. The number of attachments included in this petition is (specify number):
- b-f. (These are the items on the attached page or pages of Form NC-110.)

