



ENGEL
LAW OFFICE

*The Kensington, Suite J
157 West Third Street
Winona, Minnesota 55987
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**MINNESOTA
NAME CHANGE
QUESTIONNAIRE**

READ THE FOLLOWING CAREFULLY: Please fill out this form as completely as possible. The more time and attention that you put into the completion of this form, the less time we will need to spend in obtaining such data for you and from you. This effort on your part could result in a substantial reduction in the fees charged for professional services. If a question does not apply to your situation, answer "N/A" (not applicable). If a question applies to your situation but you do not know the answer, please write "unknown." If you need additional space for an answer, you may use the back of a page. **ALL INFORMATION YOU PROVIDE ON THIS FORM IS STRICTLY CONFIDENTIAL AND PROTECTED BY THE ATTORNEY/CLIENT PRIVILEGE.**

Date: _____ Referred by: _____

YOUR PERSONAL INFORMATION

Your full name: _____

Previous names you have used: _____

Street address: _____

City: _____ State : _____ Zip: _____ County: _____

Address to which mail should be sent: _____

Home phone:(_____) _____ Work phone:(_____) _____ ext. _____

Cell/pager: (_____) _____ E-mail: _____

Method of contact: I prefer that you contact me at home/work/cell/e-mail (circle one). You may contact me at home work cell e-mail (check all that apply). **DO NOT CONTACT ME** at home work cell e-mail (check all that apply).

Birthplace: _____ Birthdate: _____
(city county state)

SSN: _____ Length of residence in MN: _____

Emergency contact: In the event that you must be reached by this office on short notice, give the name, address, telephone number and relationship of the person most likely to know where you are at ALL times.:

Name: _____ Address: _____

Phone number(s): _____ Relationship: _____

INFORMATION REGARDING NAME CHANGE

1. **APPLICANT:**

Present Name: _____

Desired Name: _____

Have you lived in the State of Minnesota for at least the last six months? _____

(If not, do not complete the rest of this form. You may not be eligible for a name change due to residency requirements. Contact Engel Law Office immediately.)

2. **SPOUSE:**

Present Name: _____

Spouse's DOB: _____ Does spouse want name changed? _____

If so, desired name: _____

3. **INTERESTS IN REALTY:**

Do you own any interest in real property in the State of Minnesota? _____

If so, for each parcel of property owned, give the legal description of the property owned and describe your interest (i.e. joint tenant, tenant in common, etc) _____

4. **CHILDREN:**

List names and birthdates of all of your children _____

Does your application include a change of name for any of the above children? _____

If so, state the present and desired name of the child(ren): _____

5. **FELONIES/FRAUD:**

Have you ever been convicted of a felony? _____ If so, describe the offense and list the date of the offense and the state in which you were convicted: _____

Is applicant requesting a name change in good faith and without any intent to defraud or mislead anyone? _____

6. **PROOF OF IDENTITY:**

Names of two witnesses who will vouch for applicant's identity at the hearing? _____

Are you currently involved in a victim or witness protection program? _____

Are you an inmate in a correctional facility? _____

7. **REASON(S) FOR NAME CHANGE:**

Dated: _____

Signed: _____