Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| IN RE:  Legal Name | Case No.  REDACTED PETITION FOR NAME CHANGE  (Adult or Emancipated Minor)  Fee Category:  Filing Fee: |

I certify:

1. My full legal name and current residence are listed above.

2. I was born on (year of birth) XX/XX/ , in the city of , county of , state of .

3. I want to change my name to

Reason I want to change my name:

4. The name change is not to avoid creditors or outstanding debts. I am not required to register as a convicted sexual offender under Chapter 83, Title 18, Idaho Code, or under the provisions of similar laws enacted by another state.

5. I ask that a Deputy Clerk of the Court Issue a Notice of Hearing in this case to be published for four (4) successive weeks in (newspaper name) newspaper designated by the court as most likely to give notice in: County, the County where I reside (visit http://www.isc.idaho.gov/Name-Change-Publications for a list of newspapers by county).

WHEREFORE, I ask that the Judge sign a Judgment changing my name as I have asked.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/printed name Signature