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 of child | Case No.  REDACTED PETITION FOR NAME CHANGE (Minor)  Fee Category:  Filing Fee: |

**Complete Section A, B, or C based on who is filing the petition.**

I certify:

|  |
| --- |
| **A. Both Parents are Filing the Petition Together** |

1. We are the parents of the above child, and are filing this petition together. Our full legal names and residences are:

Name:

Address:

Name:

Address:

|  |
| --- |
| **B. Only One Parent Is Filing the Petition** |

1. I am a parent of the above child, and I am filing this petition without the other parent. My full legal name and residence are listed above.

1. ⬜ a. The child’s other parent is living; the other parent’s name and address are:

Name:

Address:

⬜ The address is unknown.

⬜ b. The child’s other parent is deceased.

|  |
| --- |
| **C. A Guardian Is Filing the Petition** |

1. I am filing this petition as the guardian of the child. My full legal name and residence are listed above.
2. **Child’s Parents’ Information**

a. The child’s ⬜ father ⬜ mother is living, his/her name and address are:

Name:

Address:

⬜ The address is unknown.

b. The child’s ⬜ father ⬜ mother is living, his/her name and address are:

Name:

Address:

⬜ The address is unknown.

c. ⬜ The child’s ⬜ father ⬜ mother is deceased.

**3.** ⬜ **Child’s Grandparent’s Information** (if applicable)

Only list information about the child’s grandparents if one of the following is true:

⬜ I am a guardian, and one or both of the parents’ addresses are unknown,

⬜ I am a guardian, and both of the child’s parents are deceased,

The name(s) and address(es) of the child’s living grandparents are:

.

|  |
| --- |
| **D. Child’s Information** |

1. The child was born on (year of birth) XX/XX/ , in the city of , county of , state of , and resides at .

**2.** The child’s name should be changed to

The reason I want to change the child’s name is: .

1. The name change is not to avoid creditors or outstanding debts. The child is 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.
2. 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 the child resides (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 the child’s 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