

**DISTRICT COURT, COUNTY OF OKANOGAN
STATE OF WASHINGTON**

In re the Matter of:

Case Number: _____

_____ Petitioner

PETITION FOR CHANGE OF NAME OF A MINOR CHILD

for
_____ Minor Child

1. I am applying for a court order which will change the name of my child or ward:

from _____
(Print Full Name)

to _____
(Print New Name Desired)

BIRTHDATE: _____ **PLACE OF BIRTH:** _____

MOTHER'S FULL NAME: _____

FATHER'S FULL NAME: _____

2. I reside in Okanogan County. YES NO

3. Parents.

- The parents of the child are: married. divorced.
Date and Court granting dissolution order are: _____
- The parents have not been married.
 - An order of paternity has been entered.
Date of and Court granting order are: _____
 - No order of paternity has been entered.
The father is not known. is known.
- The following parent is deceased: mother. father.
- All parental rights of the Non-Petitioning Party have been officially terminated by court order.
Date of and Court granting order are: _____
- Other: _____

4. This application is in the best interest of the child for the following reasons:

5. This application is not made for any illegal or fraudulent purpose. TRUE FALSE

6. The change of name will not be detrimental to the interests of any other person. TRUE FALSE

I acknowledge that if the minor child is subject to the jurisdiction of the Washington Department of Corrections or if the minor child is required to be registered as a sex offender under any law of the State of Washington I will submit a copy of this petition to the Okanogan County Sheriff and to the Washington State Patrol not fewer than five days prior to entry of an order granting the name changes. No order will be granted if the Court finds that doing so will interfere with legitimate law enforcement interests, except that no order will be denied when the name change is requested for religious or legitimate cultural reasons or in recognition of marriage or dissolution of marriage. A sex offender required to register who receives an order changing his/her name shall submit a copy of the order to the county sheriff of the person's residence and to the Washington State Patrol within three business days of the Order being signed. A person subject to the jurisdiction of the Washington Department of Corrections who receives an order changing his or her name shall submit a copy of the order to

the county sheriff of the person's residence and to the Washington State Patrol within five days of the Order being signed. I understand that failure to do so is a crime.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at _____ (CITY, STATE), on _____ (DATE).

(Signature)

(Print or Type Name)

Petitioner's Current Address:

_____ Telephone: (509) _____

JOINDER

The non-petitioning parent/guardian joins in the petition and consents to the request for change of name. By joining in the petition, he/she agrees to the entry of an order granting the petition without further notice and agrees that it is in the best interest of the child.

Signed at _____ (CITY, STATE), on _____ (DATE).

Signature of Non-Petitioning Party (Notarized signature required if non-petitioning party will not be present for hearing.)

Print or Type Name

STATE OF _____)

ss

County of _____)

I hereby certify that I know or have satisfactory evidence that _____

is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated _____

NOTARY PUBLIC in and for the State of