CLALLAM COUNTY DISTRICT COURT II **STATE OF WASHINGTON**	Mailing Address: 502 E Division Forks, WA 98331 360-374-6383

In the Matter of the Change of Name of: NO.

_____,
Minor Child

PETITION FOR CHANGE OF NAME (MINOR)

_____,
By Guardian (Petitioner)

COMES NOW _____as guardian of minor child _____ and petitions the above-entitled court for and order changing minor child's name to _____ and shows the court as follows:

1. Minor child was born on the _____ day of _____ _____, in _____ County, State of _____; is a resident of Clallam County, Washington; and is a citizen/legal resident of the United State of America.
2. Minor child has been known as _____ for a period of _____ and requests this court to change his/her name to _____ for the reason that:
3. This petition is in the best interest of the minor child and not made for any illegal or fraudulent purpose, but for the bona fide purpose of changing the minor child's name to the name by which he/she has been and prefers his/her name to be referred.

WHEREFORE, petitioner requests that minor child's name be changed by order of this court from _____ to _____.

_____
Petitioner

STATE OF WASHINGTON)
) ss.
COUNTY OF CLALLAM)

_____, being first and duly sworn, upon oath, deposes and says that : I am the petitioner above-named and I have read the foregoing Petition for change of Name, know the contents thereof and believe the same to be true.

_____
Petitioner

Subscribe and sworn to before me this ____ day of _____ _____.

_____
Notary Public in and for the State of _____
Residing in _____(city)
My appointment expires:_____