

IN THE DISTRICT COURT I OF THE STATE OF WASHINGTON
FOR CLALLAM COUNTY

In re the Matter of:)
)) Nc.
))
)) PETITION FOR CHANGE OF NAME
D.O.B.--)
Petitioner)

1. I am applying for a court order which will change my name
from _____
(Print or type your current full name here)
to _____
(Print or type your *new* full name here exactly as it is to be spelled)
2. My residence is located in Clallam County District Court I judicial district.
3. My date of birth is _____.
4. My Washington State License was reviewed by _____.
5. This application is made for the following reasons:

6. This application is not made for any illegal or fraudulent purpose. I am not an offender under the jurisdiction of the Department of Corrections nor am I a sex offender subject to registration under RCW 9A.44.130.
7. The change of name will not be detrimental to the interests of any other person.

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

Signed at _____, Washington on _____ 20_____.

Signature

In case there are any questions referring the spelling of the names, please provide a contact phone number. Thank You. PHONE # _____

Hearing date:
THURSDAY _____ at 9:00 a.m.
(2nd or 4th THURSDAY'S OF THE MONTH)