

Benton County District Court
State of Washington

In the Matter of the Change of Name of:

Case No. NCY -

Petition for Change of Name
(RCW 4.24.130)

[Last, First Middle]

1. I am petitioning for an Order Changing name:

a. From: (Current Full Legal Name):

[Last, First Middle]

b. To: (New/Desired Legal Name)

[Last, First Middle]

2. Information about the Petitioner

a. I am a Washington State resident. Yes _____ No _____

b. I am a required to register as a sex offender. Yes _____ No _____

[Petitioner's failure to provide required notice to the Benton County Sheriff and Washington State Patrol is a crime. RCW 9A.44.130; RCW 4.23.130]

c. I am under the jurisdiction of the Department of Corrections Yes _____ No _____

[Petitioner's failure to provide required notice to DOC is a crime, RCW 4.24.130.]

3. This petition for a change of name is not made to avoid creditors, or for any illegal or fraudulent purpose.

4. This petition for a change of name is made for the following reason(s):

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, Washington, on _____.
City Date

Signature

Printed Name

Address

*Telephone/Fax Number

City, State, Zip Code

Email Address

Confidential Information (CIF)

Clerk: Do not file in a public access file

Benton County District Court - State of Washington

Important! Only court staff and some state agencies may see this form. The other party and his/her lawyer may not see this form unless a court order allows it. State agencies may disclose the information in this form according to their own rules.

1. Who is completing this form? (Name): _____

2. Your Information:

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/identification card #:	Race:	Relationship to children in this case:	
Mailing address:			

Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):		
Cell Phone:	Home Phone:	Email:
Employer's name:		Employer's phone:
Employer's address:		

3. Other Party's Information – This person is a (check one): Petitioner

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/identcard (#, state):	Race:	Relationship to children in this case:	
Mailing address:			
Employer's address:			

4. Children's Information -

Child's full name (first, middle, last)	Date of birth (MM/DD/YYYY)	Race	Sex	Current location: lives with
1.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
2.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____
3.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> other: _____