

PETITION OF <i>(Name of petitioner or petitioners):</i> _____	CASE NUMBER: _____
FOR CHANGE OF NAME	

**NAME AND INFORMATION ABOUT THE PERSON
WHOSE NAME IS TO BE CHANGED**
Attachment to Petition for Change of Name (Form NC-100)

Attachment ____ of ____

*(You must use a **separate** attachment for **each person** whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian (Form NC-110G), must also be completed and attached for each minor whose name is to be changed.)*

6. *(Continued)* Petitioner applies for a decree to change the name of the following person:

b. Self Other

(1) Present name *(specify):*

(2) Proposed name *(specify):*

(3) Born on *(date of birth):*

and presently under 18 years of age over 18 years of age

(4) Born at *(place of birth):*

(5) Sex: Male Female

(6) Current residence address *(street, city, county, and zip code):*

c. Reason for name change *(explain):*

d. Relationship of the petitioner to the person whose name will be changed:

(1) self

(4) near relative *(indicate relationship):*

(2) parent

(5) other *(specify):*

(3) guardian

e. If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:

(1) Father *(name):* _____ *(address):* _____

(2) Mother *(name):* _____ *(address):* _____

(3) *(Only if neither parent is living)* Near relatives *(names, relationships, and addresses):*

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

DECLARATION	
I declare under penalty of perjury under the laws of the State of California that <input type="checkbox"/> I am not <input type="checkbox"/> I am under the jurisdiction of the California Department of Corrections (in state prison or on parole) and <input type="checkbox"/> I am not <input type="checkbox"/> I am required to register as a sex offender under Penal Code section 290.	
Date: _____	▶
<small>(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)</small>	<small>(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)</small>

(If petitioner is represented by an attorney, the attorney's signature follows):

Date: _____	▶	_____
<small>(TYPE OR PRINT NAME)</small>		<small>(SIGNATURE OF ATTORNEY)</small>

(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.) I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date: _____	▶	_____
<small>(TYPE OR PRINT NAME)</small>		<small>(SIGNATURE OF PETITIONER)</small>

Date: _____	▶	_____
<small>(TYPE OR PRINT NAME)</small>		<small>(SIGNATURE OF PETITIONER)</small>

ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS

SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT

