

VS 155A

RE: Change of Name

This form is not a Probate Court form. This is a Department of Health form which the petitioner must submit to the Division of Vital Records. This form amends the birth record to agree with the legal name change. This form also allows the petitioner to request a certified copy of the amended birth certificate.



This form is a Statutory form.



The top portion of this form is completed by the Probate Clerk when a change of name petition is granted by the Court.

The Probate Clerk:

- Completes the top portion of the form. (All items are self-explanatory.)
- Enters the date the change of name petition was granted.
- Signs form and affixes the Seal.
- Instructs petitioner to mail the form with the appropriate fees to the address contained on the form.



This form is amended by the State Department of Health from time to time. Make sure that you use the latest version.

Probate Court of:

NAME OF COURT CITY OR TOWN STATE

TO: Division of Vital Records, State of Rhode Island

RE: Change of Name

Name as it appears on Rhode Island birth record

Date of Birth Place of Birth

Father's Name

Mother's Maiden Name

Name as it should appear on birth record after change:

First Middle Last

Date Granted

Clerk

Affix Seal

The fee to amend the birth record to agree with the legal change of name will be five dollars (\$5.00)..... \$ 5.00

In addition to this fee, if you want a certified copy of the amended birth certificate, please check the following:

1 certified copy @ \$15.00

additional copies @ \$10.00 each

TOTAL

Please do not send cash; check or money orders should be made payable to "General Treasurer, State of Rhode Island."

SEND THIS FORM AND THE APPROPRIATE FEE TO:

RHODE ISLAND DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
3 CAPITOL HILL - ROOM 101
PROVIDENCE, RHODE ISLAND 02908-5097
(401) 277-2812