

_____ County, Colorado <input type="checkbox"/> County Court <input type="checkbox"/> District Court Court address: _____ Phone Number : _____ <hr/> IN THE MATTER OF THE PETITION OF: Parent/Petitioner: _____ for: Minor Child: to change the child's name to:	
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division: _____ Courtroom: _____
PETITION FOR CHANGE OF NAME OF A MINOR CHILD	

PARENT/PETITIONER STATES:

1. The current full name of the minor child is _____.
2. The minor child is a resident (of at least 30 days) of _____ County, Colorado.
3. The minor child's address is _____

4. I wish to change the name of the minor child to _____.
5. The reason for the change of name is _____

6. The proposed change would be proper and not detrimental to the interests of any other person and in the best interest of the minor child.
7. I, the parent/petitioner, ask the court to order the name change.

The parent/petitioner states under oath that the contents of this petition are true.

Signature of Parent/Petitioner

Type or Print Name

Address

Telephone No.

Subscribed under oath before me on _____.

My commission expires _____.

Deputy Clerk/Notary Public