

Court File No.

APPLICATION OR REPORT OF CHANGE OF NAME

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS
5441 COMMERCIAL BLVD; P.O. BOX 110675; JUNEAU, AK 99811-0675

This form is to be filed by the applicant, or the applicant's attorney, with the clerk of court BEFORE the hearing, preferably at the time of filing the action. It should be completed to the best of the applicant's knowledge; if the information for any item is not obtainable "UNKNOWN" should be entered. Do not abbreviate names. TYPE OR PRINT ALL INFORMATION CLEARLY IN DARK BLUE OR BLACK INK.

1. NAME ON BIRTH RECORD		
FIRST		
MIDDLE		
LAST		
2. DATE OF BIRTH (mm/dd/year)	3. STATE OF BIRTH (If not in U.S.A. name country)	4. CITY TOWN OR LOCATION OF BIRTH
5. FATHER'S NAME - FIRST MIDDLE LAST		
6. MOTHER'S MAIDEN NAME – FIRST MIDDLE LAST		
IF MARRIED IN ALASKA AND APPLICANT WISHES THAT RECORD CHANGED, PLEASE COMPLETE 7a, b, and c.		
7a. DATE OF MARRIAGE (mm/dd/year)	7b. PLACE OF MARRIAGE	
7c. NAME OF SPOUSE (FIRST MIDDLE LAST)		
8a. APPLICANT'S NAME – First Middle Last	8b. MAILING ADDRESS – Street or P.O. Box No. City or Town, State, Zip Code	
The above information is complete and correct to the best of my knowledge		
_____ (Applicant's Signature)		_____ Date signed (Month, Day, Year)
9. PLACE CHANGE OF NAME GRANTED	10. DATE CHANGE GRANTED (mm/dd/year)	11. NUMBER OF PERSONS WHOSE NAMES WERE CHANGED BY THE SAME ORDER
12. NAME CHANGED TO:		
FIRST		
MIDDLE		
LAST		

I hereby certify that this change of name was granted in this court on the date stated above

A. SIGNATURE AND SEAL OF CLERK OF COURT

B. DATE SIGNED (mm/dd/year)