
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO AND IN FOR THE COUNTY OF _____

IN RE:

Case No.: _____

PETITION FOR NAME CHANGE
(Adult)

Fee Category: _____

Filing Fee: _____

STATE OF IDAHO)
) ss.
County of _____)

I swear under oath:

1. My full legal name and current residence are listed above.
2. I was born on _____, in the city of _____,
County of _____, State of _____.
3. a. My father is living. **or**
 My father is not living and the names and addresses of his closest blood relatives

are: _____

b. My mother is living. **or**

[] My mother is not living and the names and addresses of her closest blood relatives are: _____

4. I want to change my name to _____ because _____

5. The name change is not to avoid creditors or outstanding debts. I am not required to register as a convicted sexual offender under Chapter 83, Title 18, Idaho Code, or under the provisions of similar laws enacted by another state.

WHEREFORE, I ask that a Deputy Clerk of the Court issue a Notice of Hearing in this case to be published for four (4) successive weeks in the _____ a newspaper printed in this County; the matter be heard, with the Court examining me under oath; and the Judge sign an Order changing my name as I have asked.

Date: _____

By: _____
Signature

Typed/Printed Name of Party

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20____.

Notary Public for Idaho
Residing at: _____
My Commission expires: _____