

STATE OF MAINE

_____ COUNTY PROBATE COURT

DOCKET NO. _____

In Re: _____

PETITION FOR CHANGE OF NAME
(ADULT) 18-A M.R.S.A. §1-701

Attorney for Petitioner, if any

Name

Address

Telephone Number _____

Maine Bar Registration Number _____

1. Name of petitioner:
2. Address and telephone number of petitioner (Include physical address, if different.):
3. Full legal name of petitioner (Include middle name, if any.):
4. Petitioner desires to change his/her name to (Include middle name if any.):
5. Petitioner desires to change his/her name for the following reasons:

Dated: _____

Signature, Using Current Legal Name

If petitioner(s) is/are represented by an attorney, said attorney
Must also sign petition pursuant to Rule 11

I certify that no alteration has been made to the official form as most recently approved and promulgated by the Supreme Judicial Court. I also certify that I have met the standards under M.R.Prob.P. 84(b).

Preparer Signature

Typed or Printed Name of Preparer