
(your name)

(your street address)

(city, state, zip code)

(your phone number)

MONTANA _____ JUDICIAL DISTRICT COURT,
(number of district in which your county is located)
_____ COUNTY
(name of your county)

In the Matter of the Name Change of,) **Your Case No.**
_____,)
(your current legal name)) **PETITION FOR NAME CHANGE OF**
) **ADULT**
)
Petitioner.)

COMES NOW Petitioner, _____, and respectfully
(your current name)
asks this Court for an Order changing my legal name.

1. I would like to change my name from _____
(your current legal name)
to _____.
(the name you would like to start using)

2. I live at _____ in the city of _____, in
(your street address)
the county of _____, in the State of Montana, and have resided there for
_____ years and _____ months.

3. I was born in the city of _____, in the county of
_____, in the state of _____ on the _____ day of
(date)

_____, _____
(month) (year)

4. I do not request this name change in order to hide a criminal record.
5. I have no creditors who will be adversely affected or prejudiced in any way by the proposed name change. I do not request this name change in order to avoid paying a debt.
6. I do not request this name change for any other improper purpose.
7. The reason I want to change my name is: _____

10. Choose one of the following:
- At least one of my parents is still living.
- Neither of my parents is still living. To the best of my knowledge, my nearest living

relatives are:

1) _____, who lives in the city of _____,
_____, county of _____, state of _____.

2) _____, who lives in the city of
_____, county of _____, state of
_____.

WHEREFORE, I respectfully request that this Court hold a hearing on my petition and enter an Order changing my name as requested above, and for such other and further relief as the Court deems just and proper.

Dated this _____ day of _____, 20_____.
(date) (month) (year)

(Your signature)

(print your name)

State of _____
County of _____

SIGNED AND SWORN (OR AFFIRMED) to before me on _____, 20____
by _____.

Notary Public for the State of _____
Printed name of notary _____
Title or rank: _____
Residing at _____
My Commission Expires: _____