THE STATE OF NEW HAMPSHIRE

JUDICIAL BRANCH

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Court Name:			
Case Name:	Name change of		
Case Number:			
(if known)			
PETITION F	OR CHANGE OF NAME related to FAMILY DIVISION JURISDICTION for ADULT MINOR		
	(pursuant to RSA 490-D:2, X)		
	ner is filing this name change request with the Family Division because the request ne following type of case (check all that apply):		
 Divorce Annulm Guardia Adoptio 	nship Abuse and Neglect Delinquency/CHINS		
List Court N	Name(s),		
Case Name	e(s) and		
Case Numl related cas	per(s) of the of the		
	e name change request DOES NOT relate to one of the case types above, the should file for a name change with the Probate Division.		
2. The petition	ner requests that the name		
	(First, middle and last names) d to in accordance with (First, middle and last names)		
	the State of New Hampshire and for the following reasons:		
3. Petitioner N	lame Telephone		
	lame Telephone dress		
4. Minor Nam	e (if applicable) Telephone		
	dress		
-	p of petitioner to minor		

Case Name: Na	me change of	
Case Number:		
PETITION FOR	CHANGE OF N	IAME

Attorney Name (if applicable) _____ Telephone _____ 5.

Mailing Address

PLEASE COMPLETE THE FOLLOWING INFORMATION AS IT APPLIES TO THE PERSON WHOSE NAME IS BEING CHANGED.

Town of residence _____ 6.

Date of birth Place of birth 7.

8.	If minor, name of mother	
	Mailing Address	
	J	

9. If minor, name of father Mailing Address

10.	10. If minor, name of guardian(s), if any	
	Mailing Address	

- 11. Check the following paragraphs that apply to the person whose name is being changed.
 - I am a person who is serving a prison sentence, or who is on probation or parole, and I certify that I have sent a copy of this petition to the department of corrections as required by law. I understand that failure to comply with notification requirements shall cause any decree hereunder to be null and void.
 - I am a person who is required to register as a sexual offender or an offender against children pursuant to RSA 651-B, and I certify that I have sent a copy of this petition to the department of safety or other agency as required by law. I understand that failure to comply with notification requirements shall cause any decree hereunder to be null and void.
 - Neither of the above paragraphs is applicable to this name change.
- 12. I authorize the court to conduct a criminal record check on my current name and any previous names I have used, or to conduct a criminal record check on any names used by the person whose name I am seeking to change, by submitting the attached Criminal Record Release Authorization Form.

Date	Petitioner Signature
State of	, County of
This instrument was acknowledged before me on _	by
My Commission Expires Affix Seal, if any	Signature of Notarial Officer / Title

ORDER

The above petitioner has sworn before the judge/master that the facts are true to his/her best knowledge and belief. Accordingly, the court orders that:

Petition is granted.

Petition is denied.

Recommended:

Date

Signature of Marital Master

Printed Name of Marital Master

So Ordered:

I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

Date

Signature of Judge

Printed Name of Judge