

APPLICATION FOR CHANGE OF NAME (MINOR)

Case No.

Commonwealth of Virginia

In the Circuit Court of the [] City [] County of

In re:
(MINOR'S NAME) FIRST MIDDLE LAST SUFFIX

COMES NOW, the applicant, and after being duly sworn states under oath as follows:

1. Minor's name is stated accurately above and [] has [] has not been previously changed. If so, court order is attached.

2. Applicant's Name:
FIRST MIDDLE LAST SUFFIX

2a. Residence Address:
STREET ADDRESS

.....
CITY STATE ZIP CODE COUNTRY

2b. Mailing Address:
IF DIFFERENT FROM RESIDENCE ADDRESS

3. Relationship to minor: [] Mother [] Father [] Guardian [] Next Friend []

Provide the following information about the minor.

4. Date and Place of Birth:
DATE OF BIRTH PLACE OF BIRTH

5. Address if different from applicant's:
STREET ADDRESS

.....
CITY STATE ZIP CODE COUNTRY

6. Father's Full Name:
FIRST MIDDLE LAST SUFFIX

6a. Residence Address:
STREET ADDRESS

.....
CITY STATE ZIP CODE COUNTRY

6b. Mailing Address:
IF DIFFERENT FROM RESIDENCE ADDRESS

7. Mother's Full Name:
FIRST MIDDLE MAIDEN CURRENT LAST

7a. Residence Address:
STREET ADDRESS

.....
CITY STATE ZIP CODE COUNTRY

7b. Mailing Address:
IF DIFFERENT FROM RESIDENCE ADDRESS

Answer the following questions by checking appropriate "Yes" or "No" box and providing information as requested.

8. Has the minor ever been convicted of a felony? [] Yes [] No

9. Is the minor currently incarcerated? ** [] Yes [] No

If yes, indicate facility name:

Facility Location:

10. Is the minor a probationer with any court? ** [] Yes [] No

If yes, indicate court name:

** An application for the change of name of a probationer or incarcerated person MAY be accepted if the Court finds good cause exists for such application. Attach explanatory documentation to the application.

WHEREFORE, pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, the applicant requests that the Court find that a change of name is in the best interest of the minor and order a change of the minor's name from:

.....
FIRST MIDDLE LAST SUFFIX

to

.....
FIRST MIDDLE LAST SUFFIX

SIGNATURE OF APPLICANT

Commonwealth/State of

[] City [] County of

The forgoing instrument was subscribed and sworn to/affirmed before me this

..... day of, 20

by
NAME OF APPLICANT

[] CLERK [] DEPUTY CLERK
[] NOTARY PUBLIC My commission expires:
Registration No.

[] JOINT APPLICATION: I join in this Application for Change of Name (Minor)

Name:
FIRST MIDDLE LAST SUFFIX

Residence Address:
STREET ADDRESS

.....
CITY STATE ZIP CODE COUNTRY

Mailing Address:
IF DIFFERENT FROM RESIDENCE ADDRESS

Relationship to minor: [] Mother [] Father

SIGNATURE OF PERSON JOINING APPLICATION

Commonwealth/State of

[] City [] County of

The forgoing instrument was subscribed and sworn to/affirmed before me this

..... day of, 20

by
NAME OF PERSON JOINING APPLICATION

[] CLERK [] DEPUTY CLERK
[] NOTARY PUBLIC My commission expires:
Registration No.