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**MINOR/FAMILY NAME CHANGE WORKBOOK**

- Please read the instructions carefully and answer each question according to the instructions.
- If a question is optional and/or does not apply to your situation, you must write "NA" or draw a line above the answer blank.
- **Please print legibly in black or blue ink.** Only your written answers will be typed into the documents.
- Answers that go beyond the scope of the workbook will not be typed and may cause delays.
- Changes requested after your documents have been typed and prepared may result in additional charges.

Name of Petitioner \_\_\_\_\_ (add last 4 digits of SSN#)  
(LIST LEGAL NAME AND ANY OTHER NAMES USED)  
 Name of Co-Petitioner (if any) \_\_\_\_\_ SSN# XXX- XX- \_\_\_\_  
(LIST LEGAL NAME AND ANY OTHER NAMES USED)  
 Address \_\_\_\_\_ SSN# XXX- XX- \_\_\_\_

City \_\_\_\_\_, CA Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Petitioner is a resident of \_\_\_\_\_ County, California and I am over 18 years of age.

Court branch you will be filing in: \_\_\_\_\_

Petitioner	Co-petitioner (if any)
1. Male/Female	1. Male/Female
2. Race: _____	2. Race: _____
3. Date of Birth/AGE: _____	3. Date of Birth/AGE: _____
4. Place of Birth: _____	4. Place of Birth: _____
5. CA Driver's License or ID # _____	5. Driver's License or ID # _____
6. In State Prison or Parole [ ] yes [ ] no?	6. In State Prison or Parole [ ] yes [ ] no?
7. Required to register as sex offender [ ] yes [ ] no?	7. Required to register as sex offender [ ] yes [ ] no?

This request for change of name will be published in \_\_\_\_\_  
 (enter the name of the newspaper in your county for publication)

Please state the reason for the name change:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STORE: \_\_\_\_\_  
 I have reviewed this page for clarity and legibility with the customer.

CUSTOMER: \_\_\_\_\_  
 The above answers were provided by me and I did not receive any legal advice from THE DOCUMENT SPECIALISTS personnel in completing my forms.

**\*\*\*If you are changing the name of your child, you MUST give notice to the child's BIOLOGICAL parent or BOTH parents must sign the Petition. Please include his or her name and address below.\*\*\***

**PLEASE NOTE THE COURT WILL REQUIRE A CERTIFIED COPY OF THE MINOR CHILD/REN'S BIRTH CERTIFICATE(S)**

Name & address of child(ren) biological parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Please check one of the following boxes:**

- Both parties will sign the petition
- The non-petitioning party will be served (If non-petitioning parent lives in California they must be personally served. If they live outside of California they may be served by mail.)

(CIRCLE ONE BELOW)

This change of name is for : Minor, Family

PRESENT NAME & ADDRESS	DATE OF BIRTH/AGE SOCIAL SECURITY # DRIVERS LIC. IF APP.	PLACE OF BIRTH	PROPOSED NAME (no initials)
Name: _____ Address: _____ _____ LIST LEGAL NAME & ANY OTHER NAMES USED Circle one:        Male/Female?			_____ IN STATE PRISON OR ON PAROLE ( ) YES ( ) NO? REQUIRED TO REGISTER AS SEX OFFENDER ( ) YES ( ) NO?
Name: _____ Address: _____ _____ LIST LEGAL NAME & ANY OTHER NAMES USED Circle one:        Male/Female?			_____ IN STATE PRISON OR ON PAROLE ( ) YES ( ) NO? REQUIRED TO REGISTER AS SEX OFFENDER ( ) YES ( ) NO?
Name: _____ Address: _____ _____ LIST LEGAL NAME & ANY OTHER NAMES USED Circle one:        Male/Female?			_____ IN STATE PRISON OR ON PAROLE ( ) YES ( ) NO? REQUIRED TO REGISTER AS SEX OFFENDER ( ) YES ( ) NO?
Name: _____ Address: _____ _____ LIST LEGAL NAME & ANY OTHER NAMES USED Circle one:        Male/Female?			_____ IN STATE PRISON OR ON PAROLE ( ) YES ( ) NO? REQUIRED TO REGISTER AS SEX OFFENDER ( ) YES ( ) NO?

STORE: \_\_\_\_\_  
I have reviewed this page for clarity and legibility with the customer.

CUSTOMER: \_\_\_\_\_  
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