

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name:
Case Name: Name change of
Case Number: (if known)

PETITION FOR CHANGE OF NAME
FOR ADULT MINOR

1. Petitioner name: Telephone:
Mailing address: Street City State Zip code

Petitioner name: Telephone:
Mailing address: Street City State Zip code

2. Attorney name: Telephone:
Mailing address: Street City State Zip code

3. Person whose name is to be changed:
Current name: Telephone:
Mailing address: Street City State Zip code

4. Name change of minor:
(a) Are there any pending guardianship, juvenile, domestic violence, marriage dissolution, domestic relations, paternity, legitimization, custody or other proceedings affecting this child? Yes No
If yes, for any pending case other than a juvenile or domestic violence case, provide case information (such as court name, case #):

If there is a pending juvenile or domestic violence case, check here and provide case information (such as court name, case #) on the Confidential Information Sheet (NHJB-2878-DFPe).

(b) Relationship of petitioner to minor:

(c) List any living parents whose rights have not been terminated:
Name of parent:
Mailing address: Street City State Zip code

Name of other parent:
Mailing address: Street City State Zip code

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Case Number: _____

PETITION FOR CHANGE OF NAME

For any person whose name is being changed:

5. Town of residence: _____

6. Date of birth: See Name Change Confidential Information Instructions and Confidential Information Sheet (NHJB-2878-DFPe)

Place of birth: _____

7. Check the following paragraphs that apply to the person whose name is being changed.

I am a person who is incarcerated, or who is on probation or parole. I understand that, when instructed by the court, I must have the sheriff's department serve a copy of this petition on the department of corrections. I understand that failure to comply with notification requirements shall cause any order 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 am no longer subject to supervision by the department of corrections. I understand that, when instructed by the court, I must have the sheriff's department serve a copy of this petition on the department of safety. I understand that failure to comply with notification requirements shall cause any order hereunder to be null and void.

Neither of the above paragraphs are applicable to this name change.

8. The petitioner requests that the name _____ be changed
(First, middle and last names)

to _____ (First, middle and last names)

in accordance with the laws of the State of New Hampshire and for the following reasons:

9. I understand that proof of identity must be filed with this petition in order for it to be granted. Proof of identity must show the current name and residence of the person whose name is being changed.

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

Name of Filer

/s/ _____
Signature of Filer Date

Law Firm, if applicable Bar ID # of attorney

Telephone

Address

E-mail

City State Zip code

Name of Filer

/s/ _____
Signature of Filer Date

Law Firm, if applicable Bar ID # of attorney

Telephone

Address

E-mail

City State Zip code

Case Name: Name change of _____

Case Number: _____

PETITION FOR CHANGE OF NAME

FOR COURT USE

ORDER

This Petition for Name Change and accompanying information has been reviewed.
Accordingly, the court orders that: