

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
https://www.courts.nh.gov

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
Relationship of petitioner to minor/adult: \_\_\_\_\_

Petitioner name: \_\_\_\_\_ Telephone: \_\_\_\_\_
Mailing address: \_\_\_\_\_
Street City State Zip code
Relationship of petitioner to minor/adult: \_\_\_\_\_

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

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

Place of birth: \_\_\_\_\_

Town of residence: \_\_\_\_\_

4. The petitioner requests that the name \_\_\_\_\_
(First, middle and last names)
be changed to \_\_\_\_\_
(First, middle and last names)

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

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

5. Are there any pending adult or minor guardianship, marriage dissolution, domestic relations,
paternity, legitimization, custody or other proceedings affecting this minor/adult? [ ] Yes [ ] No
If yes, provide case information (such as court name, case number):

\_\_\_\_\_

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**PETITION FOR CHANGE OF NAME**

If a minor guardianship exists, 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

Are there any pending juvenile or domestic violence cases?  Yes  No

If yes, provide case information (such as court name, case number) on the Confidential Information Sheet **(NHJB-2878-DFPe)**.

6. Select all paragraphs that apply to the person whose name is being changed:

- i.  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 and to the prosecuting agency.
- ii.  I am a person who is required to register as a sexual offender or an offender against children as defined by 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 and to the prosecuting agency.
- iii.  I am a person who has been convicted of a violent felony as defined by RSA 547:3-i, II. I understand that, when instructed by the court, I must have the sheriff's department serve a copy of this petition on the prosecuting agency.

I understand that failure to comply with above notification requirements shall cause any order to be invalid.

**If any of the above boxes i-iii are checked, the following must be completed:**

Name of prosecuting agency: \_\_\_\_\_  
(i.e. Attorney General's Office, County Attorney's Office, etc.)

Mailing address: \_\_\_\_\_  
Street City State Zip code

Multiple prosecuting agencies: Additional Information Page **(NHJB-3075-DFPe)** attached.

The above paragraphs are not applicable to this name change.

7. 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.

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**PETITION FOR CHANGE OF NAME**

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

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Law Firm, if applicable

\_\_\_\_\_  
Bar ID # of attorney

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Name of Filer

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Law Firm, if applicable

\_\_\_\_\_  
Bar ID # of attorney

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

**FOR COURT USE**

**ORDER**

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