

**ISLAND COUNTY DISTRICT COURT
STATE OF WASHINGTON**

In Re the Matter of:

Petitioner: _____,

No: _____

**PETITION FOR NAME CHANGE
(ADULT)**

COMES NOW the undersigned Petitioner, pursuant to RCW 4.24.130, and requests an Order changing their name, and states the following:

1. I am the Petitioner. I am a resident of the State of Washington.
2. My date of birth is: _____.
3. I request that the Court change my name:

FROM: (current legal name):

First (Current Legal Name) Middle Last

TO (new name):

First (New Name) Middle Last

4. I am petitioning to change my name because: _____

5. This Petition is not being made for any fraudulent or illegal purposes and will not be detrimental to the interests of anyone else.

6. I have gone by prior name(s) and/or I have filed for a name change prior to this petition. Please explain (date, place, reason): _____

7. If applicable check the appropriate box:

- ☐ I am currently under the jurisdiction of the Department of Corrections. [Petitioner's failure to provide required notice to DOC is a crime, RCW 4.24.130(2)]
- ☐ I am currently required by law to register as a sex offender. [Petitioner's failure to provide required notice to the Sheriff of the petitioner's county of residence and Washington State Patrol is a crime. (RCW 9A.44.130(7), RCW 4.24.130).]

8. I would like the court to use the following preferred pronouns: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at: _____, Washington Date: _____
City

Petitioner's Signature

Petitioner's Current Name

Petitioner's Mailing Address

Petitioner's Email Address

Petitioner's Phone Number

State of Washington
County of Island

I certify that I know or have satisfactory evidence that _____, are the people who appeared before me and said people acknowledge that they signed this instrument and acknowledged it to be their free and voluntary act for the use and purpose mentioned in the instrument:

Dated: _____

Witness my hand and official seal:

Notary Printed Name: _____

Notary Public in and for the State of Washington

May Appointment Expires: _____