PETITION TO CHANGE NAME OF ADULT

G. L. c. 210, § 12

Docket No.

Massachusetts Trial Court
Probate and Family Court

In the matter of:

First Name _____ Middle Name _____ Last Name _____

(current legal name of petitioner)

_____ **Division**

INFORMATION ABOUT THE PETITIONER

1. My current legal name is: _____ (First Name) _____ (Middle Name) _____ (Last Name)

I was born in _____ (City/Town) _____ (State) on _____ (Date of Birth).

2. I currently reside at: _____ (Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

Mailing Address, if different: _____ (Address) _____ (Apt, Unit, No. etc.) _____ (City/Town) _____ (State) _____ (Zip)

Primary Phone #: _____ Email Address: _____

☐ Check here if the current address is a facility under the supervision of the Massachusetts Department of Correction.

FORM ALERT: The petitioner must reside (currently live) in the county where this petition is filed.

3. Have you ever legally changed your name prior to this petition? ☐ No ☐ Yes *If **yes**, please complete the following:*

From: _____

To: _____

Reason: _____

FORM ALERT: A certified copy of your birth certificate and a certified copy of any prior name change (i.e., marriage certificate, divorce decree, court order changing name) must be filed with this petition.

☐ Check here if you would like all certified copies of documents filed with the court returned to you after review/processing.

4. Have you ever used any other name or alias? ☐ No ☐ Yes

If **yes**, please list any and all names that you have not previously listed above:

INFORMATION ABOUT THE PROPOSED NEW NAME

5. I am requesting that my name be changed from my current legal name to:

_____ (First Name) _____ (Middle Name) _____ (Last Name)

6. I am requesting that my name be changed for the following reason:

AUTHORIZATION TO CONDUCT A CARI AND WMS CHECK

7. I authorize the court to conduct a Court Activity Record Information (CARI) and Warrant Management System (WMS) check on any names used by me by submitting the attached Court Activity Record Information and Warrant Management System Release Request Form (CJP 34).

☐ I certify that I have no record of convictions, probation, or parole in any other state.

OTHER REQUESTS (OPTIONAL)

8. ☐ If there is a hearing on this petition, I request an interpreter. Language: _____

9. ☐ I would like to request that court staff use these pronouns while I am at court: _____

NOTARIZED SIGNATURE OF PETITIONER

Date: _____ Sign here in the presence of a Notary Public → _____

_____
Type or Print Name of Petitioner

On this _____ day of _____ , 20 ____ , in the state of _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory
(Name of Document Signer)
evidence of identification, which were _____ , to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature _____ My commission expires: _____

Print Name _____ State of Commission _____

Information on Attorney for Petitioner, if any

_____
Signature of Attorney

_____
(Print name)

_____ _____
(Address) (Apt, Unit, No. etc.)

_____ _____ _____
(City/Town) (State) (Zip)

Primary Phone #: _____

B.B.O. # _____

Email: _____