

PETITION OF <i>(Name of petitioner or petitioners):</i>  _____	CASE NUMBER:  _____
FOR CHANGE OF NAME	

**NAME AND INFORMATION ABOUT THE PERSON  
WHOSE NAME IS TO BE CHANGED**  
**Attachment to Petition for Change of Name (Form NC-100)**

Attachment \_\_\_\_ of \_\_\_\_

*(You must use a **separate** attachment for **each person** whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian (Form NC-110G), must also be completed and attached for each minor whose name is to be changed.)*

6. *(Continued)* Petitioner applies for a decree to change the name of the following person:

b.  Self  Other

(1) Present name *(specify):*

(2) Proposed name *(specify):*

(3) Born on *(date of birth):*

and presently  under 18 years of age  over 18 years of age

(4) Born at *(place of birth):*

(5) Sex:  Male  Female

(6) Current residence address *(street, city, county, and zip code):*

c. Reason for name change *(explain):*

d. Relationship of the petitioner to the person whose name will be changed:

(1)  self

(4)  near relative *(indicate relationship):*

(2)  parent

(5)  other *(specify):*

(3)  guardian

e. If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:

(1) Father *(name):* \_\_\_\_\_ *(address):* \_\_\_\_\_

(2) Mother *(name):* \_\_\_\_\_ *(address):* \_\_\_\_\_

(3) *(Only if neither parent is living)* Near relatives *(names, relationships, and addresses):*

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

<b>DECLARATION</b>	
I declare under penalty of perjury under the laws of the State of California that	<input type="checkbox"/> I am not <input type="checkbox"/> I am under the jurisdiction
of the California Department of Corrections (in state prison or on parole) <b>and</b>	<input type="checkbox"/> I am not <input type="checkbox"/> I am required to register as
a sex offender under Penal Code section 290.	
Date:  _____	  _____
(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)	(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)

***(If petitioner is represented by an attorney, the attorney's signature follows):***

Date:  _____	  _____
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY)

***(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.)*** I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date:  _____	  _____
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)

Date:  _____	  _____
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)

ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS

SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT