

<b>District Court of Washington For Cowlitz County</b>
<b>In the Matter of the Change of Name of:</b>  _____ (Legibly print <b>PARENT/GUARDIAN</b> first, middle and last name)
<b>On Behalf of</b>  _____ (Legibly print <b>MINOR'S</b> current first, middle and last name)

No. \_\_\_\_\_

**Petition for Name Change  
(MINOR)**

COMES NOW the undersigned Petitioner, pursuant to RCW 4.24.130, and states and requests an Order changing the name of his or her child:

**FROM CURRENT NAME**

First Name	Middle Name	Last Name

**TO REQUESTED NEW NAME**

First Name	Middle Name	Last Name

1. The child is \_\_\_\_ years of age.
2. The child is currently resident of Cowlitz County, Washington.....Yes [ ] No [ ]
3. The child is required to register as a sex offender.....Yes [ ] No [ ]  
**(Petitioner’s failure to provide required notice to the Cowlitz County sheriff and Washington State Patrol is a crime. RCW 9A.44.130; RCW 4.24.130)**
4. The child is an offender under the jurisdiction of the Department of Corrections.....Yes [ ] No [ ]  
**(Petitioner’s failure to provide notice to the Department of Corrections is a crime. RCW 4.24.130)**
5. The petitioner is the parent of the child.....Yes [ ] No [ ]
6. If not the parent, the petitioner is the child’s legal guardian with the legal authority to submit this petition.....Yes [ ] No [ ]

7. If both parents or guardians have not signed this petition, the child's other parent or guardian:
- a. Full Name is: \_\_\_\_\_
  - b. Has filed with the Court a Consent to Name Change.....Yes [ ] No [ ]
  - c. Has not been located and has had no contact with the Petitioner.....Yes [ ] No [ ]  
 Date of last contact with other parent: \_\_\_\_\_  
**(Petitioner shall file with the Court a Declaration Concerning Notice to Other Parent)**
  - d. Other reason, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. This petition is not made for any illegal or fraudulent purpose.
9. This petition will not be detrimental to the interests of any third party.
10. The name change will be in the best interest of the minor.
11. Any child names in this petition who is age 14 or older joins in the petition and has signed the petition.
12. Petitioner requests a change of name for the following reason(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

Signed at \_\_\_\_\_, Washington on \_\_\_\_\_.  
 (City) (Date)

\_\_\_\_\_  
 Parent / Guardian Signature

\_\_\_\_\_  
 Parent / Guardian Signature

\_\_\_\_\_  
 Minor's Signature (if 14 years of age or older)

\_\_\_\_\_  
 Minor's Printed Name

**DO NOT Write Below This Line**  
**For Office Use ONLY**

**PETITIONER'S IDENTIFICATION VERIFIED: YES [ ] NO [ ]**

**Clerk's Initials:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**MINOR'S BIRTH CERTIFICATE VERIFIED: YES [ ] NO [ ]**

**Clerk's Initials:** \_\_\_\_\_  
**Date:** \_\_\_\_\_