IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLACKAMAS
Probate Department

In the Matter of the Name Change of:

_____ _____
First *Middle*

_____
Last
Petitioner *(PRINT Present Name)*

From the Above Name To:

_____ _____
First *Middle*

_____
Last
(PRINT Proposed New Name)

CASE NO. _____

PETITION FOR CHANGE OF NAME OF AN ADULT

1. I, Petitioner, request a judgment changing my name as set forth in the title of this petition.
2. I am age 18 or older and I reside in Clackamas County.
3. I am requesting this name change because:

_____

_____

_____

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and are subject to penalty for perjury.

_____ _____
Date **Petitioner's Signature** *(Sign Present Name)*

Certificate of Document Preparation. You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

☐ I selected this document for myself and I completed it without paid assistance.
☐ I paid or will pay money to _____ for assistance in preparing this document.

Submitted by:

_____
Printed Name OSB # if Attorney

_____
Address or Contact Address City, State, Zip Telephone or Contact Number