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. _____

NOTICE OF PETITION FOR CHANGE OF NAME OF AN ADULT

TO ALL INTERESTED PERSONS:

This is posted to advise all persons that _____ *(PRINT Present Name)* has filed a petition to change her/his name to _____ *(PRINT Proposed New Name).* If you object to this petition, you must file a written objection showing cause why the petition for change of name should not be granted. The objection fee must be paid and the objection must be filed by _____ *(insert date at least 15 days from posting date)* with the Clackamas County Circuit Court, 807 Main Street, Room 104, Oregon City, OR 97045.

Date Posted: _____

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

DO NOT REMOVE THIS NOTICE BEFORE: _____
(Date must be at least 15 days from date of posting)

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