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**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE THIRD JUDICIAL DISTRICT**

In the Matter of the Change of Name of:)

_____)

(Present Name(s) of Minor Child/ren))

_____)

(Proposed Name(s) of Minor Child/ren))

(Petitioner/Guardian Ad Litem))

Case No: _____

**PETITION FOR
CHANGE OF NAME**

1.

I, petitioner, am the _____ (describe relationship) of the child/ren
named in this petition. The date(s) of birth of the child/ren is/are: _____

_____ (fill in name and date of birth of each child).

2.

I request a judgment changing the name(s) of the child/ren as set forth in the title of this
petition.

3.

I am 18 years old or older. The child/ren reside(s) in Marion County.

4.

I am requesting this name change because: _____

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5.

(Check the box that applies):

- Both parents of the child/ren are living. OR
- The _____ (mother, father, or parents) of _____ (name(s) of child/ren) is/are deceased.

6.

(Check the box that applies):

- The child/ren does/do not have any legal guardian other than his/her/their parents. OR
- The legal guardian(s) of _____ (name(s) of child/ren) is/are _____ (name(s) of guardian(s)).

7.

I am not one of the parents of the child/ren. I request that I be appointed Guardian Ad Litem for the child/ren in this proceeding.

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Petitioner/Guardian Ad Litem

Submitted by:

 Attorney/Petitioner's Name Address

 City State Zip Phone No. If Attorney: Bar No. E-mail Fax

Certificate of Document Preparation

If this document was not completed by an attorney, I hereby certify that the following statements are true: (check all boxes and complete all blanks that apply)

- A. I selected this document for myself, and I completed it without paid assistance.
- B. I paid or will pay money to _____ for assistance in preparing this form/document

Signature