

**King County District Court
State of Washington**

In the Matter of the Petition of _____)
_____))
_____))
_____))
_____.))

No. _____

**PETITION FOR CHANGE OF NAME
(PETITIONER & FAMILY)**

- Yes No Petitioner(s) is /are a resident of King County in the State of Washington?
 Yes No Petitioner(s) is/are citizens of the United States?
 Yes No Are you required to register as a sex offender? (If you are required to register, you shall submit a copy of this Petition to the King County Sheriff and the Washington State Patrol not fewer than five days before the entry of an order granting the name change under RCW 4.24.130) If you answered yes to the above question, which family member? _____

The person(s) whose name(s) is/are to be changed are as follows:

PRESENT LEGAL NAME	AGE	PROPOSED NEW NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any child who is subject to this petition who is age 14 or older has joined in this petition.
[] Both parents of any minor child have joined in this Petition (or) [] Approval of the other parent should be waived because: _____

The petitioner(s) request the change of name for the following reasons:

This petition is not made for any illegal or fraudulent purpose, and the change of name will not be detrimental to the interests of any person.

I declare under penalty of perjury under the Laws of the State of Washington that the statements in this form are true and correct.

Signed at _____, on _____
(City & State) (Date)

Petitioner Signature

Petitioner Signature

Petitioner Signature

Petitioner Signature

Court Clerk