

<p><b>ISLAND COUNTY DISTRICT COURT</b>  <b>STATE OF WASHINGTON</b></p>	<p><b>No:</b> _____</p>
<p><b>In Re the Matter of:</b></p>	<p><b>PETITION FOR NAME CHANGE (MINOR)</b></p>
<p>Minor Child: _____</p>	<p><b>Hearing Date:</b> _____</p>
<p>Petitioner: _____</p>	<p><b>Hearing Time:</b> _____</p>
	<p><b>Location:</b> Island County District Court  800 SE 8<sup>th</sup> Avenue  Oak Harbor, WA 98277</p>

**COMES NOW** the undersigned Petitioner as guardian of the above-named minor child and petitions the Court for an order changing minor child’s name.

1. Minor Child’s Information:

_____ First (Current Legal Name)	_____ Middle	_____ Last
_____ Address	_____ City	_____ State
_____ Date of Birth:		
_____ Mother’s Full Name (First / Middle / Last)	_____ Father’s Full Name (First / Middle / Last)	

2. I request that the Court change the name of the minor child:

<p><b>FROM: (current legal name):</b></p>		
_____ First (Current Legal Name)	_____ Middle	_____ Last
<p><b>TO (new name):</b></p>		
_____ First (New Name)	_____ Middle	_____ Last

3. The child is a resident of the State of Washington
4. My relationship to the minor child is ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_
5. If not the parent(s), the petitioner(s) are the child's legal guardian with the legal authority to submit this petition. ☐ Yes ☐ No
6. I am petitioning to change the minor child's name because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If both parents or guardians have not signed this petition, the child's other parent or guardian:
- ☐ I have attached a declaration from the other parent consenting to the minor's name change.
- ☐ I have served the other parent with this petition, date and time of the hearing.
- ☐ Has not been located and has no contact with the petitioner.
- ☐ Date of last Contact with the other parent: \_\_\_\_\_
- ☐ Other reason, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. This petition is not being made for any fraudulent or illegal purposes and will not be detrimental to the interests of anyone else.
9. I believe the requested change of name will be in the best interests of the minor child.
10. If applicable check the appropriate box:
- ☐ The minor child is under the jurisdiction of the Department of Corrections. [Failure to provide required notice to DOC is a crime, RCW 4.24.130]
- ☐ The minor child is currently required by law to register as a sex offender. [Failure to provide required notice to the Sheriff of the petitioner's county of residence and Washington State Patrol is a crime. (RCW 9A.44.130, RCW 4.24.130).]
11. I would like the court to use the following preferred pronouns: \_\_\_\_\_

***I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.***

Signed at: \_\_\_\_\_, Washington  
City

Date: \_\_\_\_\_

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

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Petitioner's (Parent/Guardian) Mailing Address

\_\_\_\_\_  
Petitioner's Email Address

\_\_\_\_\_  
Petitioner's Phone Number

\_\_\_\_\_  
Petitioner's (Parent/Guardian) Mailing Address

\_\_\_\_\_  
Petitioner's Email Address

\_\_\_\_\_  
Petitioner's Phone Number

State of Washington  
County of Island

I certify that I know or have satisfactory evidence that \_\_\_\_\_, are the people who appeared before me and said people acknowledge that they signed this instrument and acknowledged it to be their free and voluntary act for the use and purpose mentioned in the instrument:

Dated: \_\_\_\_\_

Witness my hand and official seal:

\_\_\_\_\_  
Notary Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington

May Appointment Expires: \_\_\_\_\_