Full Name of Party Filing Document	
Mailing Address (Street or Post Office Box)	
City, State and Zip Code	
Telephone	
Email Address (if any)	
IN THE DISTRICT COURT FOR THE FOR THE STATE OF IDAHO, IN AND FOR T	
IN RE:	Case No.
Legal Name	UNREDACTED PETITION FOR NAME CHANGE (Adult or Emancipated Minor)
	Fee Category: Filing Fee:
I certify:	
1. My full legal name and current residence a	are listed above.
2. I was born on (date)	,, in the city of
	county of,
state of	<u>.</u>
3. I want to change my name to	
Reason I want to change my name:	
4. The name change is not to avoid creditors	
register as a convicted sexual offender under	•
the provisions of similar laws enacted by anoth	
5. I ask that a Deputy Clerk of the Court Issue	·
published for four (4) successive weeks in (new	vspaper name)

newspaper designated by the court as most likely to give notice in:	
County, the County where I reside (visit http://www.isc.idaho.gov/Name-Change-	
Publications for a list of newspapers by county).	
WHEREFORE, I ask that the Judge sign a Judgment changing my name as I have	
asked.	
CERTIFICATION UNDER PENALTY OF PERJURY	
I certify under penalty of perjury pursuant to the law of the State of Idaho that the	
foregoing is true and correct.	
Date:	