
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 _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN RE: _____
Legal Name

Case No. _____

REDACTED PETITION FOR NAME
CHANGE
(Adult or Emancipated Minor)

Fee Category: _____

Filing Fee: _____

I certify:

1. My full legal name and current residence are listed above.
2. I was born on (year of birth) XX/XX/_____, in the city of _____
_____, county of _____, state of _____
_____.

3. I want to change my name to _____
Reason I want to change my name: _____

4. The name change is not to avoid creditors or outstanding debts. I am not required to register as a convicted sexual offender under Chapter 83, Title 18, Idaho Code, or under the provisions of similar laws enacted by another state.

5. I ask that a Deputy Clerk of the Court Issue a Notice of Hearing in this case to be published for four (4) successive weeks in (newspaper 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: _____

Typed/printed name

Signature