

SKAGIT COUNTY DISTRICT COURT  
600 S Third St / PO Box 340  
Mount Vernon WA 98273-0340  
(360) 416-1250

IN RE THE MATTER OF,

CASE NO. \_\_\_\_\_

PETITION FOR ADULT NAME CHANGE

\_\_\_\_\_  
Petitioner

I, \_\_\_\_\_, petition the court and declare as follows:

I wish to change my name from \_\_\_\_\_  
Current first, middle and last name

To \_\_\_\_\_  
Proposed first, middle and last name

This application is made for the following reasons: \_\_\_\_\_

This application is not made for any illegal or fraudulent purpose and will not be detrimental to the interests of any other person.

I am not under the jurisdiction of Department of Corrections (DOC).

I am currently under the jurisdiction of DOC and will submit a copy of the Petition for Name Change to DOC at least (5) five days prior to the hearing. If the petition is granted, I will submit a copy of the Order to DOC within (5) five days of the entry of the order.

I am not required to register as a sex offender.

I am required to register as a sex offender and will submit a copy of this petition to the Sheriff of my county of residence and State Patrol at least (5) five days prior to the hearing. If the petition is granted, I will submit a copy of the Order to the Sheriff of my county of residence and the State Patrol within (3) three days of the entry of the order.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at \_\_\_\_\_, on \_\_\_\_\_  
City and State Date Petitioner's Signature

A hearing on this petition will be held \_\_\_\_\_ at \_\_\_\_\_ PM