
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

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

IN RE:

Legal Name of Child.

Case No.: _____

PETITION FOR NAME CHANGE
(MINOR)

Fee Category: _____

Filing Fee: _____

STATE OF IDAHO)
) ss.
County of _____)

I swear under oath:

1. I am the [] parent [] legal guardian of the above child. My full legal name and current residence are listed above.
2. The child was born on (date) _____, _____, in the city of _____, County of _____, State of _____, and resides at _____.
3. a. [] The child's father is living. **or**
 [] The child's father is not living and the names and addresses of his closest blood relatives are: _____

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- b. [] The child's mother is living. **or**
 [] The child's mother is not living and the names and addresses of her closest blood relatives are: _____

_____.

4. I want to change the child's name to _____
because _____.

5. The name change is not to avoid creditors or outstanding debts. The child is 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.

I ask that a Deputy Clerk of the Court issue a Notice of Hearing to be published for four (4) successive weeks in the _____, a newspaper printed in this County; and the Judge sign an Order changing the child's name as I have asked.

Date: _____

By: _____ _____
Signature of Petitioner Typed/Printed Name of Petitioner

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20_____.

Notary Public for Idaho
Residing at: _____
My Commission expires: _____