



Instructions For Changing the Name of an Adult

1. The process of applying for a name change involves filling out court forms, appearing before a judge, and may also involve notifying third-parties. If you do not understand how to fill out the forms and follow the court procedures, you should talk to a lawyer.

2. The Application for Change of Name of an Adult must be filed in the Civil Ations Branch, Superior Court of the District of Columbia Superior Court, 500 Indiana Ave. NW, Room 5000, Washington, DC 20001.

3. The completed Application must be accompanied by:
 - Proof of current residence in the District of Columbia
 - Valid photo identification
 - Supporting Documentation

4. Applicants must be **current** residents of the District of Columbia, regardless of where they were born.

5. The following are some examples of what may be accepted to establish DC residency:
 - Utility Bill (water, gas, electric, oil, or cable) issued within the last 60 days
 - Telephone Bill issued within the last 60 days
 - DC Property Tax Bill issued within the last 12 months
 - Letter with picture from Court Services and Offender Supervision Agency (CSOSA) or DC Department of Corrections verifying the Applicant's name and residence
 - Pay stub or W-2
 - Home Security System Bill issued within the last 60 days
 - Supplemental Security Income benefits notification issued within the last 12 months
 - Bank Statement issued within the last 60 days

6. When determining residency, the Court may require additional documentation.

7. Other supporting documentation may be required by the Court, such as:
 - An original or certified copy of Applicant's birth certificate
 - Marriage certificate
 - Divorce decree
 - Previous name change orders
 - Certificate of Citizenship
 - Certificate of Naturalization

8. Valid photo identification may not be expired and may include:
 - Driver's license
 - ID Card
 - Passport

9. Certified translations must be submitted for all foreign language documents. The translator must certify that s/he is competent to translate and that the translation is accurate.

- The certification format should include the translator's name, signature, address, and date of certification.
- A suggested format is:

Certification by Translator

I [typed name], certify that I am fluent (conversant) in the English and [enter appropriate language] languages, and that the above/attached document is an accurate translation of the document attached entitled [enter title of document].

- Signature
- Date
- Phone Number
- Typed Name
- Address
- Email

10. Court staff will make copies of all documents submitted for the Court record and will return all originals or certified copies to the Applicant.

11. The cost of filing an Application for Change of Name of an Adult is \$60.00.

12. The Applicant must provide the reason(s) for a change of name.

13. The Applicant will be provided with an Order and Notice of Final Hearing date and time.

14. Within ten (10) days of filing the Application, the Applicant must serve personally, or by registered/certified mail (return receipt requested), a copy of the Application and the Order and Notice of Final Hearing on their creditors and on each interested party as designated by the Court.

15. Examples of creditors include:

- Mortgage Companies
- Landlords
- Student Loan Companies
- Finance Companies
- Loan Companies
- Credit Card Companies (even if there is a zero balance)
- Utility Companies

16. Before the Final Hearing, the Applicant must file an Affidavit/Declaration of Service for each interested party and creditor (including any return receipts).

17. Even if the Applicant's credit card company has issued a credit card in the Applicant's requested name, the Applicant still must notify this creditor of the requested name change by registered/certified mail (return receipt requested) and must file an Affidavit/Declaration of Service prior to the Final Hearing.

18. If the Applicant has been convicted of a felony, or is on probation, parole, or supervisory release in any jurisdiction, including the District of Columbia, the Applicant must serve the appropriate law enforcement agencies or officials either personally or by registered/certified mail (return receipt requested). An Affidavit/Declaration of service must be filed before the Final Hearing.

19. If the Applicant is currently incarcerated, but was a resident of the District of Columbia immediately prior to incarceration a name change application may be processed remotely. Residency prior to incarceration must be established through supporting documentation. Examples of supporting documentation are: a letter from the Applicant's current case worker explaining their residency status prior to incarceration, or copies of documents from their criminal case showing the Applicant's address prior to incarceration. Applications should be mailed to the Civil Actions Branch, Superior Court of the District of Columbia Superior Court, 500 Indiana Ave. NW, Room 5000, Washington, DC 20001. Additional information or notifications may be required by the Court. The Final Hearing will be conducted by video or telephone conference, and coordinated with the appropriate facility.

20. If the Applicant has an ongoing bankruptcy case, or has been the subject of a bankruptcy, receivership, or insolvency proceeding, the Applicant must notify the appropriate bankruptcy court personally or by registered/certified mail (return receipt requested). An Affidavit/Declaration of Service must be filed prior to the Final Hearing. When filing the Application for Change of Name of an Adult, the Applicant must file a copy of the Discharge Order, if one exists.

21. If the Applicant fails to notify an interested party or appear for the Final Hearing, the Application for Change of Name of an Adult may be denied/dismissed without prejudice.

22. If any person desires to oppose the Application for Change of Name of an Adult, that person or their attorney must be present at the Final Hearing or must file a written detailed objection in Judge-In-Chambers at least five (5) business days in advance of the Final Hearing. If a written objection is filed, it also must be served on the Applicant or Applicant's counsel.

23. The approval of the Application for Change of Name of an Adult requires a Final Hearing which will be held before the Judge-In-Chambers.

24. If an Application for Change of Name of an Adult is granted, the applicant will be provided at least five (5) certified copies of the Order for Name Change of an Adult. Requests for additional copies as appropriate may be made at the Final Hearing.



Superior Court of The District of Columbia
Civil Division

Location: 500 Indiana Avenue, NW
Room 5000 5th Floor
Washington, DC 20001

Case Number _____

PLEASE PRINT

Application for Change of Name of an Adult

Applicant's Current Full Legal Name

First

Middle

Last

Permanent Address

City, State, Zip Code

Telephone Number

Applicant's Current Name Being Used Same as above or:

Pursuant to Superior Court Civil Rule 205 and DC Code §§ 16-2501, 16-2503

I, Applicant, respectfully represent to the Court:

1. I am an adult born on the _____ day of _____

Day

Month

Year

in _____

Place of Birth

2. I presently reside at Same as above or:

Address Line 1

Address Line 2

3. I am seeking a change of name

to: _____

for the following reason(s): _____

4. Social Security Number: _____

5. Occupation: _____

6. Father's full name: _____

(As it appears on Applicant's Birth Certificate)

Mother's full name: _____

(As it appears on Applicant's Birth Certificate)

Other Parent's full name: _____

(As it appears on Applicant's Birth Certificate)

7. Has your name previously been changed? YES NO (If yes, give all previous name(s), all name changes, and the date(s), place(s), and reason(s)).

8. Have you been known by or used a name other than the name you desire to assume? YES NO
(If yes, give all such name(s), date(s), place(s), and reason(s)).

9. Are there any Child Support Orders, in any jurisdiction, that may be affected by the requested change of name? YES NO

Case Number(s): _____

State(s): _____

10. Are you involved in any ongoing case(s) YES NO

(If yes, give case number(s), case caption(s), state(s), name(s) of court(s), and circumstances).

11. Is there any open or closed court case involving a decedent's estate, probate matter, guardianship, conservatorship, trust, heirship, fiduciary power, patent, trademark, copyright, goodwill, privacy, partnership, corporation or other person, entity or proceeding that may be affected by the requested change of name? YES NO (If yes, give case number(s), names of person(s) or business(es) involved, states(s), name of court(s), and circumstances).

If you require additional space, please attach separate sheets of paper.

12. Is there any open or closed administrative or public agency proceeding that may be affected by the proposed change of name? YES NO (If yes, give case number(s), name of agency(ies), and circumstance(s)).

13. Have you ever been the subject of a bankruptcy, receivership, or insolvency proceeding? YES NO (If yes, give case number(s), state(s), name of court(s), and circumstances).

14. Have you ever been convicted of a felony in any jurisdiction? YES NO (If yes, give case number(s), state(s), name of court(s) and circumstances).

15. Are you on probation, parole, or supervised release in any jurisdiction? YES NO (If yes, give specifics including the supervising agency, name, telephone number, and address for person to whom you report).

16. Are you currently registered or required to register as a sex offender in any jurisdiction? YES NO (If yes, give specifics including the state(s), name(s), and address(es) for the agency(ies) maintaining the registry(ies)).

17. Are you currently registered or required to register as a gun offender in any jurisdiction? YES NO (If yes, give specifics including the state(s), name(s), and address(es) for the agency(ies) maintaining the registry(ies)).

If you require additional space, please attach separate sheets of paper.

18. Has a Judgment or Decree ever been entered against you in any jurisdiction? YES NO
If yes, has the Judgment or Decree been paid or satisfied? YES NO (Give the case, number(s)
date(s), state(s), and circumstances).

19. List name(s) and address(es) of any creditor(s), including mortgage(s), loan(s) and credit card
companies, even if there is a zero balance:

THE APPLICANT HEREBY CERTIFIES THAT (1) THIS APPLICATION HAS NOT BEEN FILED FOR ANY FRAUDULENT
OR UNDISCLOSED PURPOSE AND (2) THE GRANTING OF THE APPLICATION WILL NOT INFRINGE UPON THE
RIGHTS OF OTHERS RELATING TO ANY PARTNERSHIP, CORPORATION, PATENT, TRADEMARK, COPYRIGHT,
GOODWILL, PRIVACY OR OTHERWISE.

I, the Applicant, declare under penalty of perjury under the law of the District of Columbia that
the foregoing is true and correct.

Executed on this the _____ day of _____, 20____.

Signature of Applicant: _____

OR

Sworn to and subscribed before me on this _____ day of _____

Signature of Applicant: _____

Signature of Notary Public

Commission Expires

Deputy Clerk Signature



Superior Court of The District of Columbia
Civil Division

Location: 500 Indiana Avenue, NW
Room 5000 5th Floor
Washington, DC 20001

Case Number _____

Order and Notice of Final Hearing

Pursuant to Civil Rule 205 and DC Code §§ 16-2501, 16-2503

Upon consideration of the Application for Change of Name of an Adult, filed by _____ on _____ requesting an order changing Applicant's name to _____, it is by the Court this ____ day of _____, 20____, hereby

ORDERED, that the Final Hearing on this Application for Change of Name of an Adult will be held in Judge-in-Chambers, Superior Court of the District of Columbia, 500 Indiana Ave. NW, Room 4103, Washington, DC 20001, on the ____ day of _____, 20____, at ____:____ am/pm.

If any person desires to oppose this Application, that person or their attorney must be present at the Final Hearing, or file written detailed objection five (5) days in advance of the hearing with Judge-in-Chambers and serve a copy on the Applicant or Applicant's counsel; and it is further

ORDERED, that within ten (10) days of filing, Applicant must serve the Application for Change of Name of an Adult and this Order and Notice of Final Hearing personally or by registered/certified mail (return receipt requested) on:

Check all that apply

- Applicant's creditors
- D.C. Metropolitan Police Department
- D.C. Department of Corrections
- Court Services and Offender Supervision Agency
- Applicant's current probation, parole, or supervisory release officer
- Appropriate law enforcement agencies or officials in _____
- Bankruptcy court _____
- Other: _____

Judge's Signature _____

Judge's Name _____



Superior Court of The District of Columbia
Civil Division

Location: 500 Indiana Avenue, NW
Room 5000 5th Floor
Washington, DC 20001

Case Number _____

Order For Change of Name

Pursuant to Civil Rule 205 and DC Code §§ 16-2501, 16-2503

Upon consideration of the Application for Change of Name of an Adult, and the entire record herein, it is by the Court this _____ day of _____ 20____, hereby

ORDERED, that the Application for Change of Name of an Adult is

- GRANTED; and it is further
- DENIED; and it is further

ORDERED, that _____
First Middle Last

Shall be known as _____
First Middle Last

The clerk shall send copies of this order to:

- D.C. Metropolitan Police Department
- D.C. Department of Corrections
- Court Services and Offender Supervision Agency
- Other: _____

Judge's Signature _____

Judge's Name _____



Superior Court of The District of Columbia
Civil Division

Location: 500 Indiana Avenue, NW
Room 5000 5th Floor
Washington, DC 20001

PLEASE PRINT

Affidavit / Declaration of Service by Mail

(For Change of Name of an Adult Cases)

Applicant's Current Full
Legal Name

First

Middle

Last

Case Number

I, _____ applicant applicant's
counsel, being duly sworn, state that my address is _____.
I further swear that I served the Order and Notice of Final Hearing and the Application for Change of
Name of an Adult on the person(s) named below by placing in an official depository of the United States
Postal Service a copy of the Notice of Final Hearing and the Application to Change Name in an envelope,
postage prepaid by certified or registered mail. I further swear that I have attached the receipts of
mailing to the person(s) listed below and that all mailing(s) were made within 10 days of the filing of the
Application for Change of Name of an Adult.

Name(s) of Person(s) Served

Address

Date Mailed

Name(s) of Person(s) Served	Address	Date Mailed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature _____

Telephone Number: _____

OR

Applicant's Counsel's Signature _____

Telephone Number: _____

I declare under penalty of perjury under the law of the District of Columbia that the foregoing is
true and correct. Executed on this the _____ day of _____, 20__.

Affiant's Signature _____

OR

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public _____



Superior Court of The District of Columbia
Civil Division

Location: 500 Indiana Avenue, NW
Room 5000 5th Floor
Washington, DC 20001

PLEASE PRINT

Affidavit / Declaration of Personal Service

(For Change of Name of an Adult Cases)

Applicant's Current Full Legal Name _____
Case Number _____
First Middle Last

I, _____, age 18 or older, residing or working at _____, with telephone number(s) of _____ am not a party and have no interest in this case.

On _____, 20____, at _____ AM/PM I served a copy of the Application for Change of Name of an Adult and Order and Notice of Final Hearing personally on _____

Below, you must set forth specific facts from which the Court can determine that process was served as indicated above, including a physical description (approximate age, height, weight) of any person on whom service was made: _____

Process Server _____

I declare under penalty of perjury under the law of the District of Columbia that the foregoing is true and correct. Executed on this the _____ day of _____, 20____.

Affiant's Signature _____

OR

Affiant's Signature _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Signature _____