



Instructions For Changing the Name of an Adult Change of Last Name as a Result of Marriage

If the applicant is requesting a change of name as a result of marriage and is **only** changing his or her last name, the applicant may go to the nearest Social Security Administration Office to change his or her last name. The applicant must bring his or her marriage certificate, birth certificate and valid identification. There is no charge for this service.

To File for Name Change

1. Only a **District of Columbia** resident may request a change of name regardless of where they were born.

2. The Application for Change of Name of an Adult must be filed in Judge-in-Chambers, District of Columbia Superior Court, 500 Indiana Avenue, NW, **Room 4220**, Washington, DC 20001.

3. The application will be reviewed for completion, clarity and proper supporting documentation.

4. The applicant must be a current resident of the District of Columbia and must be able to provide proof of residency (e.g., utility bill {water, gas, electric, oil or cable} or telephone bill {no cell phone, wireless or pager bills acceptable} issued within the last 60 days, a real property tax bill, pay stub, W-2 statement, letter with picture from Court Services and Offender Supervision Agency "CSOSA" or DC Department of Corrections certifying the applicant's name and residence).

5. The applicant must have an original or certified copy of his or her birth certificate. The clerk will make a copy for the court record and return the original or certified copy to the applicant.

6. Foreign birth certificates must be translated into English by a professional translator who swears to the accuracy of the translations and who provides the translator's name, address, telephone, number and email address, if any.

7. The applicant must present valid photo identification. The clerk will make a copy for the court record and return the original to the applicant.

8. The cost of filing an Application for Change of Name of an Adult is **\$60.00 (cash, money order, or credit card)**.

Continued

9. In addition to the birth certificate, the following supporting documentation, if applicable, is required:

- Marriage Certificate
 - Divorce Decree
 - Proof of U.S.A. Citizenship/ Certificate of Citizenship
 - Child Support Order(s)
 - Acknowledgment of Paternity (The application must provide all acknowledgment(s) of paternity that the applicant has signed.)
 - Adjudication of Paternity (The applicant must provide all Adjudication(s) of Paternity).
 - Order Terminating Parental Rights (The applicant must provide all Order(s) Terminating Applicant's Parental Rights.)
 - Other documentation that the court may require
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10. Any applicant requesting a change of name as a result of becoming a citizen of the United States of America must present proof of citizenship.

11. It is the applicant's responsibility to submit all of the applicable supporting documents for the court's consideration.

12. The applicant must provide the reason(s) for the request to change his or her name.

13. The applicant will be provided with a Final Hearing date on which to return to complete the process for change of name.

Service of Process

14. Within ten (10) days of filing the Application for Change of Name, the applicant must mail or personally serve all interested parties, with a copy of the Application for Name Change of an Adult and the Notice of Final Hearing. Failure of the applicant to comply with this ten (10) day requirement will result in a dismissal of the Application without prejudice.

15. By the date of the Final Hearing, the applicant must file the Affidavit(s) of Service by Mailing and/or the Affidavit(s) of Personal Service for each interested person.

16. If the applicant is not a United States citizen, he or she must notify **Homeland Security-US Immigration and Customs, Washington Field Office - 7, MS 2480, US Citizenship and Immigration Services, 2675 Prosperity Avenue, Fairfax, Virginia 20598-2480** personally or by certified or registered mail. An Affidavit of Service must be filed prior to the Final Hearing.

17. The applicant will be required to notify his or her creditors via certified or registered mail and provide a certified letter receipt.

Continued

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
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18. Even if the applicant's credit card company has issued a credit card in the applicant's requested name, the applicant is still required to notify this creditor of the requested name change by certified or registered mail, with a return receipt and must file an Affidavit of Service prior to the Final Hearing.

19. If the applicant has a criminal record, the applicant must serve the Department of Corrections, the Court Services and Offender Supervision Agency and the Chief of the Metropolitan Police Department either personally or by certified or registered mail. An Affidavit of Service must be filed before the Final Hearing.

20. If the applicant has a criminal record in a jurisdiction other than the District of Columbia, the applicant must send notice to the appropriate law enforcement official in the state and county where the conviction was entered, including the police chief or sheriff and the department of corrections either personally or by certified or registered mail. An Affidavit of Service must be filed before the Final Hearing.

21. If the applicant has a current criminal case, he or she must send notice to his or her probation, parole or supervision officer personally or by registered or certified mail. An Affidavit of Service must be filed before the Final Hearing.

22. If the applicant is incarcerated in a jurisdiction other than the District of Columbia, he or she must send notice to the Federal Bureau of Prisons personally or by registered or certified mail. An Affidavit of Service must be filed before the Final Hearing.

23. If the applicant either has a current bankruptcy case, or has previously filed for bankruptcy, he or she must notify the Bankruptcy Court personally or by certified or registered mail. An Affidavit 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.

24. If the applicant fails to notify an interested party, the Application for Change of Name an Adult will not be processed and may be dismissed without prejudice.

Final Hearing & Applicant Requirements

25. If any person desires to oppose the Application for Change of Name of an Adult, that person, or his or her 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 mailed to the applicant or applicant's counsel.

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

27. The process may take approximately **5 weeks** to complete.

28. If an Application for Change of Name of an Adult is granted, the applicant will be provided with two certified copies of the Order for Name Change of an Adult. It is the applicant's responsibility to provide a copy of the court's Order to officials in the State/jurisdiction in which the applicant was born.



Superior Court of The District of Columbia
Civil Division

Location: 500 Indiana Avenue, NW
Room 4220 4th Floor
Washington, DC 20001

PLEASE PRINT

Application for Change of Name of an Adult

Applicant's Full Name _____
First Middle Last

Address _____

City, State, Zip Code _____

Telephone Number _____

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

In The Matter of Application For Change of Name of an Adult

Case Number: _____

Print Adult's Full Name as it Appears on Birth Certificate: _____

Print Current Name Being Used: _____

I, applicant, _____ respectfully represents to the Court:

1. That I am an adult who was born on the _____ day of _____
Day Month Year
in _____
Place of Birth

2. I presently reside at _____
Address

3. I am or am not a citizen of the United States of America. (If you are not a citizen of the United States of America please list the country(ies) where you are a citizen.)

4. I am seeking a change of name from: _____
to: _____
for the following reason(s): _____

5. Social Security Number: _____

6. Occupation: _____

7. Mother's full name: _____
(As it appears on Birth Certificate)

Continued

Father's full name: _____
(As it appears on Birth Certificate)

Other Parent's full name: _____
(As it appears on Birth Certificate)

I Further Declare as Follows

8. 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).)

9. 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).)

10. Is there any existing Child Support Order in any state under any parent's name? YES NO

Case Number(s): _____

State(s): _____

11. Are you a party in any court case(s) that is/are currently open/pending YES NO (If yes, give case number(s), case caption(s), state(s), name(s) of Court(s) and circumstances.)

12. Are you aware of any open or closed court case, 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 proposed 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.)

13. Are you aware of any open or closed public agency proceeding(s) that may be affected by the proposed change of name? YES NO (If yes, give case number(s), RFP, permit, license and/or application number(s), case caption, State(s), name of agency(ies) and circumstance(s).)

Continued

14. 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.)

15. 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.)

16. 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.):

17. 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)):

18. 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)):

19. 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 (If yes, give the type of case,
date(s), state(s) and any other pertinent information.):

20. List names 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 4220 4th Floor
Washington, DC 20001

PLEASE PRINT

Order and Notice of Final Hearing

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

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

I, _____ having filed an application for judgment changing the name from _____ to _____; it is by the Court this _____ day of _____ 20____, hereby

ORDERED, that the Final Hearing on this application to Change Name of an Adult will be held in Judge-In-Chambers, Room 4220 in the District of Columbia at 500 Indiana Avenue N.W., Washington, DC 20001, on the _____ day of _____, 20__ at _____:_____ a.m./p.m. If any person desires to oppose this application, that person or his or her attorney must be present at the hearing or file written detailed objections five (5) business days in advance of the hearing with Judge-In-Chambers and mail a copy to the applicant or applicant's counsel; and it is further

ORDERED, that: (Check all that applies)

the applicant must send the Application for Change of Name of an Adult and Notice of Final Hearing to the applicant's creditors personally or by registered or certified mail and show proof of service by filing the Affidavit/Declaration of Service.

the applicant must send the Application for Change of Name of an Adult and Notice of Final Hearing to the D.C. Chief of Police, **300 Indiana Avenue, N.W., Room 5080, Washington, D.C. 20001**, the Department of Corrections and the Court Services and Offender Supervision Agency personally or by registered or certified mail and show proof of service by filing the Affidavit/Declaration of Service.

the applicant must send the Application for Change of Name of an Adult and Notice of Final Hearing to the current probation, parole or supervisory release officer personally or by registered or certified mail, and show proof of service by filing the Affidavit/Declaration of Service.

the applicant must send the Application for Change of Name of an Adult and Notice of Final Hearing to the appropriate law enforcement official in _____ (**Jurisdiction**) state and county where conviction was entered including police chief or sheriff and department of corrections personally or by registered or certified mail, and show proof of service by filing the Affidavit/Declaration of Service.

Continued

If incarcerated in a jurisdiction other than the District of Columbia, the applicant must send the Application for Change of Name of an Adult and Notice of Final Hearing to the Federal Bureau of Prisons, personally or by registered or certified mail, and show proof of service of mailing by filing the Affidavit/Declaration of Service.

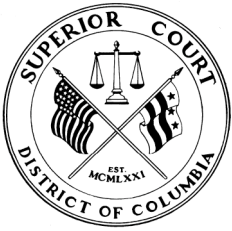
the applicant must send the Application for Change of Name of an Adult and Notice of Final Hearing to the Bankruptcy Court personally or by registered or certified mail, and show proof of service by filing the Affidavit/Declaration of Service.

the applicant must send the Application for Change of Name of an Adult and Notice of Final Hearing to the Homeland Security-US Immigration and Customs, Washington Field Office - 7, MS 2480, US Citizenship and Immigration Services, 2675 Prosperity Avenue, Fairfax, Virginia 20598-2480, personally or by certified or registered mail and show proof of service by filing the Affidavit/Declaration of Service.

SO ORDERED.

Judge's Signature _____

Print Judge's Name _____



Superior Court of The District of Columbia
Civil Division

Location: 500 Indiana Avenue, NW
Room 4220 4th Floor
Washington, DC 20001

PLEASE PRINT

Order For Change of Name

Applicant's Full Name _____
(As it appears on the Birth Certificate) *First* *Middle* *Last*

Case Number _____

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

Upon consideration of the Application for Change of Name of an Adult filed herein and no objections having been made, and all other requirements appear having been met; it is by the Court this _____ day of _____ 20____, hereby

ORDERED, that the said Application for Change of Name be and hereby is

GRANTED

DENIED; and it is further

ORDERED, that _____
First *Middle* *Last*

Shall be known as _____
First *Middle* *Last*

Check if applicable

Since applicant is a convicted felon, the Clerk is **ORDERED** to send copies of this order to: D.C. Chief of Police, the Department of Corrections and the Court Services and Offender Supervision Agency

Check if applicable

Since the applicant is currently required to registrar as a sex offender gun offender in any jurisdiction, the Clerk is **ORDERED** to send copies of this order to:

the Court Services and Offender Supervision Agency

other appropriate agency: _____

Judge's Signature _____

Print Judge's Name _____



Superior Court of The District of Columbia
Civil Division

Location: 500 Indiana Avenue, NW
Room 4220 4th Floor
Washington, DC 20001

PLEASE PRINT

Affidavit/ Declaration of Service by Mail

(For Change of Name of an Adult Cases)

Applicant's Full Name _____
(As it appears on the Birth Certificate) 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 Notice(s) of Final Hearing and the Application to Change Name on the person or persons 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 to Change Name.

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 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 4220 4th Floor
Washington, DC 20001

PLEASE PRINT

Affidavit/ Declaration of Personal Service

(For Change of Name of an Adult Cases)

Applicant's Full Name _____
(As it appears on the Birth Certificate) First Middle Last

Case Number _____

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 of Change of Name of an Adult and Notice of Final Hearing as follows personally on _____ at _____

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 _____