



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
WASHINGTON, DC 20001**

CIVIL DIVISION       FAMILY COURT

\_\_\_\_\_  
**PRINT APPLICANT'S FULL NAME**  
\_\_\_\_\_  
**ADDRESS**  
\_\_\_\_\_  
**CITY, STATE, ZIP CODE**  
\_\_\_\_\_  
**TELEPHONE NUMBER**

**PURSUANT TO SCR-205 AND D.C. CODE 16-2501, 2502 AND 2503**

**IN THE MATTER OF** \_\_\_\_\_ :  
**APPLICATION FOR CHANGE OF NAME** \_\_\_\_\_ : **CASE NUMBER** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**PRINT MINOR'S FULL BIRTH NAME** \_\_\_\_\_ :

Applicant, \_\_\_\_\_ respectfully represents to  
the Court:

1. That the minor was born on the \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
\_\_\_\_\_. PLACE OF BIRTH
2. The minor presently resides at \_\_\_\_\_  
ADDRESS
3. The applicant is seeking a change of name from \_\_\_\_\_  
to \_\_\_\_\_ for the following reason: \_\_\_\_\_  
\_\_\_\_\_.
4. Is there any existing child support order in any State or under any parent's name?  YES  NO  
Case Number(s): \_\_\_\_\_
5. Has there been a Voluntary Acknowledgment of Paternity form completed and signed by both parents  
under oath?  YES  NO

If yes, please select the appropriate box:

- |  |   |
|--|---|
| <input type="checkbox"/> Division of Vital Records, Department of Health | <input type="checkbox"/> Office of Attorney General   |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> Any State court jurisdiction |
| <input type="checkbox"/> Other _____                                     |   |

6. Social Security Number: \_\_\_\_\_.
7. Occupation: \_\_\_\_\_.

8. Mother's full name: \_\_\_\_\_.

9. Father's full name: \_\_\_\_\_.

10. Has the minor's name been previously changed?  YES  NO (If yes, give name changed, dates, places and reasons) \_\_\_\_\_.

11. Has the minor ever been known by or used any other name than present name or name you desire to assume?  YES  NO (If yes, give name(s), dates, places and reasons) \_\_\_\_\_.

12. Has the minor ever been the subject of a Bankruptcy, Receivership or Insolvency Proceeding?  YES  NO (If yes, give circumstances) \_\_\_\_\_.

13. Has the minor ever been convicted of a felony?  YES  NO (If yes, give circumstances) \_\_\_\_\_.

14. Has a Judgment or Decree ever been entered against the minor?  YES  NO (If yes, has the Judgment been paid or satisfied?  YES  NO (If no, give the type of case, date, State and any other pertinent information) \_\_\_\_\_.

15. List names and address(es) of any creditor(s) to whom you are presently indebted: \_\_\_\_\_.

**THE APPLICANT HEREBY CERTIFIES THAT (1) THIS APPLICATION HAS NOT BEEN FILED FOR ANY UNDISCLOSED PURPOSE, (2) THE GRANTING OF THE APPLICATION WILL NOT IN ANY MANNER CREATE, CONTRARY TO THE TRUTH, THE APPEARANCE OF A MARTIAL STATUS, PAST OR PRESENT, (3) THE GRANTING OF THE APPLICATION WILL NOT INFRINGE UPON THE RIGHTS OF OTHERS RELATED TO ANY PARTNERSHIP, CORPORATION, PATENT, TRADEMARK, COPYRIGHT, GOODWILL, PRIVACY OR OTHERWISE.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC AND/OR DEPUTY CLERK

\_\_\_\_\_  
COMMISSION EXPIRES

**AFFIDAVIT OF ABSENT OR MISSING PARENT**

The applicant will be required to submit a notarized affidavit in the event they indicate that they cannot locate or have had no contact with the named individual with respect to the request for a Change of Name or Birth Certificate Amendment for a minor.

<b>NAME OF APPLICANT AND RELATIONSHIP TO THE MISSING OR ABSENT PARENT</b>	
<b>NAME OF THE MISSING OR ABSENT PARENT</b>	
<b>LAST KNOWN ADDRESS(ES) OF THE MISSING OR ABSENT PARENT</b>	
<b>LAST KNOWN CONTACT WITH THE MISSING OR ABSENT PARENT</b>	
<b>NAME, TELEPHONE NUMBER AND DATE OF EACH INDIVIDUAL CONTACTED REGARDING THE MISSING OR ABSENT PARENT (FRIENDS, FAMILY, NEIGHBORS)</b>	
<b>NAME AND INFORMATION RECEIVED FROM EACH INDIVIDUAL CONTACTED</b>	
<b>NAME, TELEPHONE NUMBER AND DATE OF EACH HOSPITAL CHECKED</b>	
<b>NAME OF EACH INDIVIDUAL CONTACTED AND THE INFORMATION RECEIVED</b>	
<b>NAME, TELEPHONE NUMBER AND DATE OF EACH DEPARTMENT OF CORRECTIONS CONTACTED</b>	
<b>NAME OF EACH INDIVIDUAL CONTACTED AND THE INFORMATION RECEIVED</b>	
<b>NAME, TELEPHONE NUMBER AND DATE OF EACH POLICE AGENCY CONTACTED</b>	

<b>NAME OF EACH INDIVIDUAL CONTACTED AND THE INFORMATION RECEIVED</b>	
<b>DATE AND NAME OF EACH TELEPHONE BOOK CHECKED</b>	
<b>DATE AND NAME OF EACH INTERNET SEARCH ENGINE CHECKED</b>	
<b>INFORMATION RECEIVED FROM EACH INTERNET SEACH ENGINE</b>	
<b>ADDITIONAL INFORMATION</b>	

DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINT APPLICANT'S NAME

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
ADDRESS OF APPLICANT

\_\_\_\_\_  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_.

COMMISSION EXPIRES: \_\_\_\_\_.





SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
WASHINGTON, DC 20001

[ ] CIVIL DIVISION      [ ] FAMILY COURT

In re:

\_\_\_\_\_ Case NO. \_\_\_\_\_  
APPLICANT'S FULL NAME

**ORDER OF PUBLICATION**

Pursuant to SCR-205 and D.C. Code 16-2501, 2502 and 2503

\_\_\_\_\_ having filed a complaint for  
judgment changing \_\_\_\_\_ name to  
\_\_\_\_\_ and having applied to the court for an Order of  
Publication of the notice required by law in such cases; and it is by the Court this \_\_\_\_ day of  
\_\_\_\_\_ 20\_\_, hereby

**ORDERED**, that all persons concerned show cause, if any there be, on or before the \_\_\_\_ day of  
\_\_\_\_\_ 20\_\_, why the prayers of said complaint should not be granted; provided  
that a copy of this Order be published once a week for three (3) consecutive weeks before said day in the  
\_\_\_\_\_ newspaper.

PROVIDED FURTHER: (Check all that applies, if applicable)

[ ] that pursuant to SCR-205(b) notice be sent to the applicant's creditors by registered or certified mail and that proof of service of mailing be made in the manner provided in SCR Probate Rule 19(b).

[ ] that pursuant to SCR-205(b) notice be sent to the D.C. Chief of Police and to the Department of Corrections by registered or certified mail and that proof of service of mailing be made in the manner provided in SCR Probate Rule 19(b).

[ ] that pursuant to SCR-205(b) notice be sent to the Bankruptcy Court by registered or certified mail and that proof of service of mailing be made in the manner provided by SCR Probate Rule 19(b).

[ ] that *Immigration and Customs Enforcement Agency, Washington Field Office, 2675 Prosperity Avenue, Fairfax, Virginia 22031*, by registered or certified mail and that proof of service of mailing be made in the manner provided in SCR Probate Rule 19(b).

SO ORDERED.

\_\_\_\_\_  
JUDGE

NOT VALID WITHOUT A RAISED SEAL



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
WASHINGTON, DC 20001

CIVIL DIVISION       FAMILY COURT

In re:

\_\_\_\_\_  
APPLICANT'S FULL NAME

Case NO. \_\_\_\_\_

**ORDER FOR CHANGE OF NAME**

PURSUANT TO SCR-205 AND D.C. CODE 16-2501, 2502 AND 2503

Upon consideration of the Application for Change of Name filed herein and no objections having been made pursuant to SCR-205(b) and SCR Probate Rule 29(b), and proof of publication having been made and filed herein, 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 henceforth and hereafter \_\_\_\_\_ be  
known as \_\_\_\_\_.

SO ORDERED.

\_\_\_\_\_  
JUDGE

NOT VALID WITHOUT RASIED SEAL



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
WASHINGTON, DC 20001

**NOTICE TO CREDITORS**

Case No. \_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

In re: \_\_\_\_\_  
APPLICANT'S FULL NAME

TO: \_\_\_\_\_  
NAME OF CREDITOR

\_\_\_\_\_  
ADDRESS OF CREDITOR  
\_\_\_\_\_

Pursuant to Superior Court Rules 205(b) you are hereby notified that the above-captioned Application for Change of Name has been filed with the Court, and a copy of the application is attached hereto. The Court has set the time of final hearing as \_\_\_\_\_. The final hearing will be held in Judge-In-Chambers, Room 4220 DC 20001 and/or Courtroom \_\_\_\_\_ in the District of Columbia at 500 Indiana Avenue NW, Washington, DC 20001.

If you desire to oppose this application, you or your attorney must be present at the time and place or you must file three (3) days in advance thereof with the Clerk of the Court (Civil Division and/or Family Court) at the address appearing on this notice, an affidavit of your objections and the factual basis therefore.

\_\_\_\_\_  
Attorney's signature and Bar Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number