KING COUNTY DISTRICT COURT STATE OF WASHINGTON

In re the Petition of (Parent/Guardian Name	s): No
[Last Name, First Middle]	PETITION FOR NAME CHANGE OF MINOR CHILD
[Last Name, First Middle] on behalf of Minor	(CLERK'S ACTION REQUIRED)
[Child's Last Name, First Middle]	
Comes now	(legibly print full name) and
[Parent/Guardian Last Name, First [Parent/Guardian Last Name, First	Middle] (legibly print full name) and petitions Middle]
the Court for an order changing the name of (choose 1 box) son daughter ward from [Last Name, F	
-	•
to the name: [Last Name, F	, and states
1. The child is years of age and v	vas born on, at
 The child is a resident of King Coun The child is required to register as a [Failure to provide required notice to the crime. RCW 9A.44.130; RCW 4.23.130] 	
	risdiction of the Department of Corrections. Yes No
to submit this petition. 7. If both parents or guardians have not	OC is a crime, RCW 4.24.130.]
Date of last contact with other	s had no contact with the petitioner. Yes No ser parent:
8. Has the child ever had a name chang Please explain. (Date, place, reason)	ge prior to this petition? Yes \(\sum \) No \(\sum \)

- 9. This petition is not made for any illegal or fraudulent purpose.
- 10. This petition will not be detrimental to the interests of anyone else.
- 11. Any child named in this petition who is age 14 or older joins in the petition and has signed the petition.

12. Petitioner(s) request a change of name for	the following reason(s). Please explain.	
I DECLARE UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.		
Signed at	, Washington, on	
City	Date	
Parent/Guardian Signature	Parent/Guardian Signature	
Parent/Guardian Printed Name	Parent/Guardian Printed Name	
Minor's Signature (if 14 years of age or older)	Minor's Printed Name	
Petitioner's Street Address/PO Box		
City, State, Zip		