
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 Names of Children.

Case No.: _____

PETITION FOR NAME CHANGE
(MINORS)

Fee Category: _____
Filing Fee: _____

STATE OF IDAHO)
) ss.
County of _____)

I swear under oath:

1. I am the [] parent [] legal guardian of the above children. My full legal name and current residence are listed above.
2. Children's Information.

a. (name) _____ was born _____,
_____, in the city of _____, County of _____,
State of _____, and resides at _____.

I want to change his/her name to _____.

b. (name) _____ was born _____,
_____, in the city of _____, County of _____,
State of _____, and resides at _____.

I want to change his/her name to _____.

c. (name) _____ was born _____,
_____, in the city of _____, County of _____,
State of _____, and resides at _____.

I want to change his/her name to _____.

3. a. The children's father is living. **or**

The children's father is not living and the names and addresses of his near relatives
are: _____

b. The children's mother is living. **or**

The children's mother is not living and the names and addresses of her near
relatives are: _____

4. I want to change the children's names because _____

5. The name changes are not to avoid creditors or outstanding debts. None of these
children is 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 children's names
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: _____