IN THE CIRCUIT COURT OF _____, MISSOURI

(County where court is located. City of St. Louis is considered a county.)

In re:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner *(Enter your full legal name above)*

Case No. _____
(Will be assigned when case is filed)

Division No. _____
(Will be assigned when case is filed)

Petition for Change of Name (For Adult Individual)

Your Information (You are the "Petitioner" in this case)

1. My current full legal name is:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. I want to change my name to:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

3. *Check one of the two boxes.*

   ☐ This is the first petition I have filed in this case. (Original Petition)
   ☐ This is the second petition I have filed in this case.

4. My mailing address is:

   _____
   (Street)

   _____ _____ _____
   (City) *(State)* *(Zip)*

   _____ _____
   (Telephone Number with Area Code) *(E-mail Address - Optional)*

5. My parent's full legal name is:

   _____ _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Maiden Name - if applicable)* *(Last Name)* *(Jr./Sr./III)*

6. My other parent's (father or mother) full legal name is:

   _____ _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Maiden Name - if applicable)* *(Last Name)* *(Jr./Sr./III)*

7. My husband's or wife's full legal name is:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

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8. My birth date is: _____
(mm/dd/yyyy)

9. My place of birth is: _____ _____ _____
(City) (State) (Country)

10. The change of my name would not be detrimental to any other person.

11. I want to change my name because:

_____

_____

12. I reside in ☐ the United States ☐ another country, which is:

_____

13. I reside in the State of _____.

14. I reside in the County of _____ .

15. *Check one of the two boxes.*

☐ My name has never been changed.
☐ My name has previously been changed as follows:

State the name and number of the case in which the judgment was entered and the court in which the judgment was entered.

_____

_____

16. *Check all boxes that apply.*

☐ I am the victim of a crime based upon domestic violence as defined in §455.010, RSMo.
☐ I am the victim of child abuse as defined in §210.110, RSMo.
☐ I am the victim of abuse by a family or household member as defined in §455.010, RSMo.
☐ None of the above.

17. *Check one of the two boxes.*

☐ There are no unsatisfied money judgments against me.
☐ There are unsatisfied money judgments against me in the following cases:

State the name and number of the case in which the judgment was entered and the court in which the judgment was entered.

_____

_____

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18. *Check one of the two boxes.*

☐ There are no cases requesting money pending against me.

☐ The following cases in which money is requested are pending against me:

State the name and number of the case and the court in which it is pending.

_____

_____

Children's Information

19. I have _____ child(ren) who is/are listed below.

Enter the number of children above. Enter each child's full name below as it appears on the birth certificate. Also state the age and address of each child. If you have more than six children, attach an additional page.

a. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

b. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

c. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

d. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

e. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

f. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

Request for Relief

THEREFORE, I ask the court to change my name from the name stated in Paragraph 1 above to the name stated in Paragraph 2 above.

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Sign Below in the Presence of a Notary Public

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the petitioner named above and that the facts stated in this *Petition for Change of Name (For Adult Individual)* are true according to his or her best knowledge, information and belief.

▶ _____ _____
(Sign above in the presence of a Notary Public) *(Print your name above)*

The following information must be completed by a notary public.

STATE OF _____)
) SS
COUNTY OF _____)

On this _____ day of _____ , 20_____ , before me personally appeared, _____ , to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

_____
_____ , Notary Public
_____ County, State of Missouri

My commission expires: _____

Attorney Information

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

☐ I have assisted Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.

_____ _____
(Attorney - Sign above) *(Missouri Bar Number)*

_____
(Attorney - Print your name above)

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

_____ _____ _____
(Telephone Number with Area Code) *(Fax Number with Area Code)* *(E-mail Address - Optional)*

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IN THE CIRCUIT COURT OF _____, MISSOURI

(County where court is located. City of St. Louis is considered a county.)

In re:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner *(Enter your full legal name above)*

Case No. _____
(Use number on Petition)

Division No. _____
(Use number on Petition)

Judgment for Change of Name of Adult Individual

1. Parties Appearing *(Check all that apply)*

   Petitioner _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

   You are the Petitioner in this case.

   ☐ appears in person.

   ☐ appears by Attorney.

2. The court finds that the change of name would be proper and would not be detrimental to the interests of any other person.

3. The name of Petitioner is changed as follows:

   From _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

   To _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

   Birth Date _____
   (mm/dd/yyyy)

4. Change of Birth Records *(Check one of the two boxes)*

   ☐ It is further ordered that the Division of Health and Senior Services, Bureau of Vital Statistics for the State of Missouri alter the birth certificate of Petitioner to reflect this judgment. This judgment shall be mailed by the Petitioner to the Division of Health and Senior Services.

   ☐ It is further ordered that the State of _____ alter the birth certificate of Petitioner to reflect this judgment. This judgment shall be mailed by the Petitioner to the appropriate state of birth of Petitioner.

5. Notice *(Check one of the two boxes)*

☐ Notice of the change of name shall be published at least once each week for three consecutive weeks in the following newspaper of general circulation:

_____

☐ No notice of change of name is to be published because the petitioner is the victim of a crime based upon domestic violence as defined in §455.010, RSMo; or the victim of child abuse as defined in §210.110, RSMo; or the victim of abuse by a family or household member as defined in §455.010, RSMo.

6. Court Costs *(Check one of the two boxes)*

☐ Court costs are waived.

☐ Court costs are to be paid from the court cost deposit(s) previously posted.

7. Waiver of Right to Rehearing *(If case is heard by a Commissioner pursuant to §487.010, RSMo, et seq.)*

We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

☐ Signature of Petitioner's Attorney _____

☐ Signature of Petitioner _____

(If heard by a Family Court Judge)

_____
(Judge)

_____
(Date)

(If heard by a Family Court Commissioner)
Findings and Recommendations of Commissioner:

_____ _____
(Commissioner) *(Date)*

All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.

_____ _____
(Judge) *(Date)*

A certified copy of this judgment is to be mailed to the following person(s): *(Check all applicable boxes)*

☐ _____
(Print Name of Petitioner's Attorney)

_____
(Street)

_____
(City, State, Zip)

_____
(Telephone Number with Area Code)

☐ _____
(Print Name of Petitioner)

_____
(Street)

_____
(City, State, Zip)

_____
(Telephone Number with Area Code)