

1 Code: 3490

2 Name: _____

3 Address: _____

4 Telephone: _____

5 Email: _____

6 Self-Represented Litigant

7 IN THE FAMILY DIVISION
8 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
9 IN AND FOR THE COUNTY OF WASHOE

10 In the Matter of the Change of Name of:

11 _____

12 (Minor's current legal name you wish to change)

Case No. _____

Dept. No. _____

13 A Minor.

14 _____/

15
16 PETITION FOR MINOR NAME CHANGE

17
18 I petition this Court as follows:

19 1. I am the parent of the above-named minor child.

20
21 2. I consent to the child's name change.

22
23 3. I am not seeking a name change for any illegal or fraudulent purpose.

24
25 4. The child is resident of Washoe County.

26 The child has been a resident since _____
27 (When the minor moved to Washoe County)

28 5. The child was born on ____/____/____ in _____, _____
(city) (state)

6. (a) The addresses, person(s) with whom the child lived with, and their relationship to the child is as follows for the last **five years**:

Date Child Moved Here	Address	Person(s) With Whom Child Lived	The Person(s) Relationship to Child
/ /			
/ /			
/ /			
/ /			

(b) Please identify any other court case in which you have participated as a party, witness, or in any other way concerning the custody of or visitation with the child.

If there are no other court cases, please check this box .

Court: _____

Case number: _____ Date of custody determination: _____

(c) Please identify any court case that could affect this case, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, adoptions, guardianships, dependency, and paternity actions. If there are no other court cases, please check this box .

Court: _____ Type of case: _____

Case number: _____ Date of last order: _____

(d) Please identify the name(s) and address(es) of any person(s) not a party to this court case who claim(s) a right to legal custody, physical custody or visitation with the child.

If this is not applicable, please check this box .

Name(s) and address(es) of person(s) claiming custody or visitation rights:

1 7. The child **IS** -OR- **IS NOT** 14 years of age or older.

2 If they are, a separate consent **HAS** -OR- **HAS NOT** been filled out by the child.

3
4 8. My current address is:

5 _____

6 My mailing address is (Check one):

7 **SAME AS ABOVE** -OR- **OTHER:**

8 _____

9 The name and current address of the Other Parent is:

10 _____

11 The mailing address of the Other Parent is (Check one):

12 **SAME AS ABOVE** -OR- **OTHER:**

13 _____

14
15 9. I wish to change the child's name from:

16 _____

17 (first) (middle) (last)
to:

18 _____

19 (first) (middle) (last)

20 10. The child has used their current name for _____

(Amount of time child has used legal name)

21
22 11. The Other Parent does not consent to the name change because:

23 The parent is deceased.

24 The parent's rights were terminated on ____/____/____. A copy of the order is attached.

25 Other: _____

26 _____

27 _____

28 If more room is needed, attach additional sheets.

1 **16.** Changing the child's name **WILL** -OR- **WILL NOT** cause insecurity or identity
2 confusion. If it will, explain:

3 _____
4 _____
5 _____

6
7 **17.** The name change **WILL** -OR- **WILL NOT** change the child's name to be the same
8 as other family members. If it will, please identify the family members:

9 _____
10 _____
11 _____

12
13 **18.** The name change **IS** -OR- **IS NOT** being requested for cultural reasons.

14 If it is, explain:

15 _____
16 _____
17 _____

18
19 **19.** The child **WILL** -OR- **WILL NOT** suffer any embarrassment, discomfort, or
20 inconvenience by the name change.

21 If they will, explain:

22 _____
23 _____
24 _____

25 //

26 //

27 //

28 //

1 **20.** My relationship with the child will be impacted by the name change in the following way(s):

2 _____
3 _____
4 _____

5
6 **21.** The Other Parent's relationship with the child will be impacted by the name change in the
7 following way(s):

8 _____
9 _____
10 _____

11
12 **22.** The child **HAS** -OR- **HAS NOT** been convicted of a felony.

13 If the child has been convicted of a felony, state the date of conviction, the County and State
14 of conviction, the offenses, and the final sentence:

15 _____
16 _____
17 _____

18 If more room is needed, attach additional sheets.

19
20 This document does not contain the personal information of any person as defined by NRS
21 603A.040.

22 I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true
23 and correct.

24
25 Date: _____

Signature: _____

26
27 Print Your Name: _____
28

VERIFICATION

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I, (*your name*) _____, declare that I am the Petitioner in the above-entitled action; that I have read the foregoing Petition and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

SIGNATURE