Code: 3860
Name: _____
Address: _____
_____
Telephone: _____
Email: _____
Self-Represented Litigant

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

In the Matter of the Petition of:
(*Print your current legal name you wish to change*)

_____, Case No. _____

For a Change of Name. Dept. No. _____
_____/

REQUEST FOR SUBMISSION

I request that the Petition for Adult Name Change that was filed on (*date the petition was filed*) _____ and all other documents filed herein be submitted to the Court for decision.

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

Date: _____ Your signature: _____

Print your name: _____

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