

APPLICATION FOR CHANGE OF NAME (ADULT)

Commonwealth of Virginia

VIRGINIA: In the Circuit Court of the [] City [] County of

IN RE:
(APPLICANT'S NAME) FIRST MIDDLE LAST SUFFIX

COMES NOW, the applicant,

and after being duly sworn states under oath as follows:

1. Applicant's Birth Name:
FIRST MIDDLE LAST SUFFIX

2. Residence Address:
STREET ADDRESS
.....
CITY STATE ZIP CODE COUNTRY

3. Mailing Address:
IF DIFFERENT FROM RESIDENCE ADDRESS

4a. Date of Birth: 4b. Place of Birth:.....

5. Father's Full Name:
FIRST MIDDLE LAST SUFFIX

6. Mother's Full Name:
FIRST MIDDLE MAIDEN CURRENT LAST

Answer the following questions by checking appropriate "Yes" or "No" box and providing information as requested.

7. Have you ever been convicted of a felony? [] Yes [] No

8. Are you currently incarcerated? ** [] Yes [] No

If yes, indicate facility name:

Facility Location:.....

9. Are you a probationer with any court?*** [] Yes [] No

If yes, indicate court name:

10. Have you previously changed your name either by a prior application or by marriage? [] Yes [] No
(If yes, attach court order or other documentation and indicate previous names):
.....

**** Applications of probationers and incarcerated persons MAY be accepted if the Court finds good cause exists for such application. Attach explanatory documentation to the application.**

WHEREFORE, the undersigned applicant further certifies under oath that this name change is not sought for any fraudulent purposes and will not infringe upon the rights of others, and pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, the applicant requests that the Court order a change of name from:

.....
FIRST MIDDLE LAST SUFFIX

to

.....
FIRST MIDDLE LAST SUFFIX

APPLICANT

Commonwealth/State of

City County of

Subscribed and sworn to/affirmed before me this day of, 20

by

.....
DATE

 CLERK DEPUTY CLERK

NOTARY PUBLIC My commission expires

Registration No.