

IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

In RE the Name Change of: _____, Petitioner	Case No. _____ PETITION FOR CHANGE OF NAME OF ADULT
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PLEASE READ THE FOLLOWING.

Before completing this Petition, read the **Instructions for Filing a Petition for Name Change.**

The Petitioner is the person whose name is being requested to be changed. A Filing Party (if different from the Petitioner) must answer all questions and check all boxes on this Petition that apply to Petitioner.

AN OFFICIAL CERTIFIED COPY OF THE PETITIONER'S BIRTH CERTIFICATE MUST BE ATTACHED TO THIS PETITION. AND A CURRENT GOVERNMENT-ISSUED PHOTO IDENTIFICATION MUST BE PROVIDED AND COPIED TO THIS CASE FILE. If these documents are NOT provided, the process to complete the name change may be delayed.

Is there any active Order of Protection with respect to the parties? **YES** **NO**

If Yes, Name of the Protected Party/ies: _____

If Yes, (*select one*) Permanent Temporary Expires on (date): _____

Name of Court & Date filed: _____

******(Attach "Order of Protection" to this Petition, and the "Party's Confidential Information" form. Form can be obtained from the Clerk of Court's Office.)******

I, _____, being sworn, certify that the following information is true:

1. My complete present name is: _____

I request that my name be changed to: _____

2. Petitioner is identified as follows:

A. Date of Birth: _____

B. City and State of Birth: _____

C. Gender on Original Birth Certificate: Male Female Other

D. BIRTH CERTIFICATE HAS BEEN ATTACHED:

- Yes
 No. If no, please explain why. **If one is not attached, the process to complete the name change may be delayed.** _____

_____.

E. Tribal Enrollment and/or Tribal Affiliation: _____

F. Current Residential Address: _____

G. Physical Description:

Height: _____
Hair Color: _____
Eye Color: _____
Glasses: _____
Corrective Lenses: _____
Distinguishing marks/tattoos: _____
_____.

H. Petitioner owns the following real estate/land: *If not applicable, please write N/A below*

_____.

3. History

Marital Status:

- Married
 Divorced
 Widowed
 Single

A. Full Maiden Name: _____

B. Full Married Name: _____

Date of Marriage: _____ ATTACH MARRIAGE LICENSE

Date of Divorce: _____ ATTACH DIVORCE DECREE, IF ANY

C. Full Married Name: _____

Date of Marriage: _____ ATTACH MARRIAGE LICENSE

Date of Divorce: _____ ATTACH DIVORCE DECREE, IF ANY

Form 6-074: Petition for Change of Name of Adult

Has Petitioner legally gone by any other name, outside of marriage?

- Yes ***continue to A*
- No

A. Full Name: _____

Reason name no longer used: _____

Court Ordered?

- Yes. Which Court: _____
- No

B. Full Name: _____

Reason name no longer used: _____

Court Ordered?

- Yes. Which Court: _____
- No

4. Petitioner requests a name change for the following reasons: _____

_____.

- 5. Petitioner IS or IS NOT required to register as a sex offender with any Tribe or any State.
- 6. Petitioner states that he or she is not seeking this name change for any improper purpose, such as to commit fraud, evade a lien or debt, or evasion of law enforcement.
- 7. Petitioner requests that the Court issue an Order directing all interested persons to appear and show cause why this Petitioner for Change of Name should not be granted.

8. Service

I understand that as the Petitioner it is my responsibility to perform any personal service required.

It is the responsibility of the Petitioner to provide copies of all documents in this matter to any other required party. The Petitioner is responsible for serving a copy of this Petition, along with the Summons issued by the Clerk of Court and any Court Order issued by a Judge, to any other required party and shall provide written proof to the Court that the party has received all required documents.

If you have read and understand the instructions directed above, please initial below.

Please initial here: _____

Please continue to next page.

VERIFICATION

I, the Petitioner, under penalty of perjury and pursuant to the laws of the Meskwaki Nation that the information I have provided is true and correct.

****PLEASE WAIT TO SIGN & DATE UNTIL IN FRONT OF A NOTARY****

Signature

Date

Mailing Address

City, State, Zip Code

Phone Number

Email Address

Signed before me on ___ day of _____, 20__.

 Signature of Notary Public, State of _____

Tribal Court Staff Title: _____