

SUPERIOR COURT OF _____ COUNTY, GEORGIA

CIVIL ACTION FILE _____

In re the Name Change of: _____)

Child(ren): _____)

_____)

_____)

_____)

Petitioner: _____)

Respondent: _____)

PETITION TO CHANGE NAME(S) OF MINOR CHILD(REN)

The Petitioner files this *Petition to Change Name(s) of Minor Child(ren)*, and states the following:

1.

The Petitioner's name is _____, and Petitioner resides in Richmond County, Georgia. Therefore, jurisdiction and venue are proper in this court.

2.

The Petitioner's relationship to the child(ren) in this action is: [*Check ONLY ONE below*]

- Mother
- Father
- Guardian.

3.

These are the current names, birthdates, and proposed new names of the child(ren) for whom the name change is sought:

<i>Current Name of Child</i>	<i>Date of Birth</i>	<i>Proposed New Name</i>

4.

[Check ONLY ONE of the following]

- The minor children live with the Petitioner in Richmond County, Georgia.
- The minor children do not live with the Petitioner. They live with _____ in _____ County, Georgia.

5.

[Explain why you desire the name change(s) in this section]

The reasons for this name change are as follows:

6.

The mother of the child(ren) is _____,
 her address is (include street address, city, state, zip code and telephone number):

[Check ONLY ONE of the following]

- Has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this *Petition*.
- Is deceased.
- Has abandoned the child(ren).
- Has not contributed to the support of the child(ren) for a continuous period of at least 5 years immediately preceding the filing of this *Petition*.
- Is the Petitioner.

7.

The father of the child(ren) is _____,
his address is *(include street address, city, state, zip code and telephone number)*:

_____, and he:

[Check ONLY ONE of the following]

- Has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this *Petition*.
- Is deceased.
- Has abandoned the child(ren).
- Has not contributed to the support of the child(ren) for a continuous period of at least 5 years immediately preceding the filing of this *Petition*.
- Is the Petitioner.

8.

[Check ONLY ONE of the following]

- There is no legal guardian for the child(ren), other than their parent(s).
- Both parents are deceased or have abandoned the child(ren) and the guardian of the child(ren) is _____,
whose address is *(include street address, city, state, zip code and telephone number)*:

and he or she has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this *Petition*.

THEREFORE, the Petitioner asks

That the name(s) of the minor child(ren) be changed to the name(s) shown in paragraph 3 of this *Petition*.

[Check below *ONLY* if applicable]

That the Sheriff's department personally serve the

Mother

Father

Guardian of the minor child(ren)

by certified mail, because they reside outside the State of Georgia.

That the Court order service by publication for the

Mother

Father

Guardian of the minor child(ren)

Whose address is unknown.

DATE

PETITIONER, *Pro Se* [Signature]

Petitioner's Name [*Print*]: _____

Address: _____

Telephone Number: _____

SUPERIOR COURT OF _____ COUNTY, GEORGIA
CIVIL ACTION FILE _____

In re the Name Change of: _____)
Child(ren): _____)
_____)
_____)
_____)
Petitioner: _____)
Respondent: _____)

VERIFICATION OF NAME CHANGE PETITION FOR MINOR CHILD(REN)

The Petitioner, _____,
personally appeared before the undersigned officer, duly authorized to administer oaths.
After being sworn by said officer, the petitioner attests that all matters stated in the
attached *Petition to Change Name(s) of Minor Child(ren)* are true and correct.

DATE

PETITIONER [*Sign in front of notary*]

Sworn and subscribed before me
This _____ day of _____, _____.

NOTARY PUBLIC
My commission expires: _____