District Court of Washington For Chelan County In the Matter of the Change of Name of: (Legibly print MINOR'S current first, middle and last name) As Petitioned by: (Legibly print PARENT/LEGAL GAURDIAN'S current first, middle and last name)		No Petition for Name Change (MINOR)	
COMES NOW the undersigned Petitio the name of his or her child:	ner, pursuant to RCW 4. FROM CURREN		tes and requests an Order changing
First Name	Middle Nan	ne	Last Name
	TO REQUESTED N	EW NAME	
First Name	Middle Name		Last Name
 The child is required to regist (Petitioner's failure to provide Patrol is a crime. RCW 9A.44 The child is an offender under (Petitioner's failure to provide) 	er as a sex offender required notice to the Che .130; RCW 4.24.130) r the jurisdiction of the D notice to the Department	elan County she Department of Co	correctionsYes [] No [] s a crime. RCW 4.24.130)
5. The petitioner is the parent of			•
6. If not the parent, the petition	_	_	th the legal authority to submit thisYes[] No[]

			, P	muon, me	child's other parent or guardian:
	a.	Full Name is:			
	b.	Has filed with the Court a	Consent to	Name Ch	angeYes [] No []
	c.	Has not been located and h	nas had no d	contact wi	th the PetitionerYes [] No []
		Date of last contact with o	ther parent:		
	d.				
8.	This petition	n is not made for any illegal	or fraudule	nt purpose	e.
9.	This petition	n will not be detrimental to t	he interests	of any th	ird party.
10.	The name c	hange will be in the best into	erest of the	minor.	
11.	Any child n	ames in this petition who is	age 14 or o	lder joins	in the petition and has signed the petition.
12.	Petitioner re	equests a change of name for	the follow	ing reason	u(s):
WASH	INGTON T	HAT THE FOREGOING S	STATEME	NTS AR	E TRUE AND CORRECT.
Signed	at	(City)	Washingto	1 on	(Date)
Signed		(City)	Washingto		(Date)
Signed			Washington		
	Parent / Gu	(City) ardian Signature	Washington		(Date)
	Parent / Gu	(City)	Washington		(Date) at / Guardian Signature
	Parent / Gu	(City) ardian Signature (if 14 years of age or older) DO No	OT Write B	Parer	(Date) at / Guardian Signature Minor's Printed Name
Mino	Parent / Gu	(City) ardian Signature (if 14 years of age or older) DO No	OT Write B	Parer elow This	(Date) It / Guardian Signature Minor's Printed Name Line
Mino	Parent / Gu	(City) ardian Signature (if 14 years of age or older) DO No	OT Write B	Parer elow This	(Date) at / Guardian Signature Minor's Printed Name
Mino	Parent / Gu	(City) ardian Signature (if 14 years of age or older) DO No	OT Write B	Parer	(Date) It / Guardian Signature Minor's Printed Name Line Clerk's Initials:
PETITI	Parent / Gu	(City) ardian Signature (if 14 years of age or older) DO NO I NTIFICATION VERIFIED:	OT Write B For Office U YES [] YES []	Parer elow This se ONLY NO []	(Date) It / Guardian Signature Minor's Printed Name Line Clerk's Initials: Date:

(Revised 10/2019)

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