

# DISTRICT COURT OF WASHINGTON FOR DOUGLAS COUNTY

In the Matter of the Change of Name of:  
 \_\_\_\_\_  
 (Legibly print your current full legal name)

No. \_\_\_\_\_

**Petition for Name Change  
 (ADULT)**

COMES NOW the undersigned Petitioner, pursuant to RCW 4.24.130 and requests an Order changing his/her name and states as follows:

**FROM CURRENT NAME**

First Name	Middle Name	Last Name

**TO REQUESTED NEW NAME**

First Name	Middle Name	Last Name

1. I am \_\_\_\_\_ years of age.
2. I reside in Douglas County, Washington ..... Yes [ ] No [ ]
3. I am required to register as a sex offender ..... Yes [ ] No [ ]  
**(Petitioner’s failure to provide required notice to Douglas County Sheriff and Washington State Patrol is a crime. RCW 9A.44.130; RCW 4.24.130)**
4. I am an offender under the jurisdiction of the Department of Corrections ..... Yes [ ] No [ ]  
**(Petitioner’s failure to provide notice to the Department of Corrections is a crime. RCW 4.24.130)**
5. I request a name change for the following reason(s): \_\_\_\_\_  
 \_\_\_\_\_
6. My name change petition is not made for any illegal or fraudulent purpose.
7. My name change petition will not be detrimental to the interests of any third party.

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

Signed at: \_\_\_\_\_, Washington on \_\_\_\_\_.  
(City) (Date)

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Phone Number

**DO NOT Write Below This Line**

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**For Office Use ONLY**

**PETITIONER'S IDENTIFICATION VERIFIED: YES [ ] NO [ ]**

**Clerk's Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_