

**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
FOR LEWIS COUNTY**

In re the Change of Name of the Minor Child

(Legal Name of Child)

Petitioner.

Cause No. _____

**PETITION FOR CHANGE OF
NAME OF MINOR CHILD**

1. I am applying for a court order that will change the name of this minor child from:

_____, to _____.
(Complete Legal Name) (Complete Requested Name)

2. I am a resident of _____ County, Washington, residing at _____.

3. I am the natural parent or legal guardian of the named minor child who was born at:

_____, in _____ on _____
(Name of Hospital) (City and State)

_____. A copy of the child's birth certificate is attached or on file.
(Date of Birth)

4. The minor child's birth parents are _____ and _____
(Mother's Complete Maiden Name)

_____. The birth father consents does not consent to
(Father's Complete Legal Name)

this name change. The birth mother consents does not consent to this name change. If either parent does not consent, please explain why the consent of that parent is not necessary:

5. If either parent does not consent, a copy of the order placing custody of the minor child in the petitioner or of the Letters of Guardianship are on file herein.

