



# SHL

**The Self Help Legal Information Network**

(310) 675-3863 \*\* office (310) 675-3853 \*\* fax

[www.legalinfonetwork.com](http://www.legalinfonetwork.com)

## *Name Change Questionnaire*

I am providing this information for the purpose of completing a Name Change. I understand if I have any questions, concerns or need legal advice I may need to contact an attorney. I understand The Self-Help Legal Information Network are not attorneys and cannot give legal advice (ie. tell me the best method for my situation, tell me what forms to complete, tell me the process, or give me their opinion). I understand that I am responsible for filing and/or serving any necessary documents unless otherwise noted.

---

Name (print)

---

Date

---

(signature)

## Name Change Questionnaire

For child or adult – complete a packet for each name change.  
(Person getting name change is referred to as applicant)

1. \_\_\_\_\_  
Your Name
  
2. \_\_\_\_\_  
Your current address
  
3. \_\_\_\_\_  
Current name of applicant
  
4. \_\_\_\_\_  
Current address of applicant
  
5. \_\_\_\_\_  
Applicants requested new name
  
6. \_\_\_\_\_  
What is your relation to the person whose name is to be changed?
  
7. Your telephone number \_\_\_\_\_
  
8. Applicants telephone number if different \_\_\_\_\_
  
9. What is applicant's ethnicity? \_\_\_\_\_
  
10. Does both parents agree on the name change?      Yes              No
  
11. If not which parent does not agree?              Mom              Dad  
  
\_\_\_\_\_ name
  
12. Are you the legal guardian of this child?              Yes              No
  
13. Age of applicant \_\_\_\_\_
  
14. Date of birth of person for name change \_\_\_\_\_

15. Place of birth \_\_\_\_\_

16. Reason for name change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. (If Child) provide the address for the parents of the child whose name is to be changed.

Mother: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father: \_\_\_\_\_

\_\_\_\_\_

18. A copy of the order to show cause (reason) must be published in a newspaper of general circulation for at least 4 consecutive weeks. You may pay the court to do this for you or you may do it on your own.

19. Is the applicant under the jurisdiction of the California Department of Corrections (prison or parole) and required to register as a sex offender?      Yes      No

20. DL# of applicant \_\_\_\_\_

21. SS# of applicant \_\_\_\_\_

Please include: Copy of Applicant's birth certificate.