

**IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION**

In re the Name Change of:

Petitioner: _____

Civil Action File No: _____

PETITION TO CHANGE NAME OF AN ADULT

Petitioner files this Petition to Change Name and Shows the following:

1. The following is the personal information about the Petitioner:

Your current, full name: _____

Your residential address: _____

Your telephone number: _____

County and state of residence: _____

Date of birth (Petitioner must be at least 18 years old): _____

Place of birth: _____

2. What do you want your name changed to?

I want my name changed to: _____

3. The reasons for the name change.

Explain why you want to change your name: _____

4. This Petition is not submitted with the intention of defrauding another of any rights.

5. Today's Date: _____

Signature: _____