

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: Name change of _____
Case Number: _____
(if known)

PETITION FOR CHANGE OF NAME related to FAMILY DIVISION JURISDICTION
for ☐ ADULT ☐ MINOR
(pursuant to RSA 490-D:2, X)

1. The petitioner is filing this name change request with the Family Division because the request relates to the following type of case (check all that apply):

<input type="checkbox"/> Divorce	<input type="checkbox"/> Parenting Petition	<input type="checkbox"/> Petition for Paternity
<input type="checkbox"/> Annulment	<input type="checkbox"/> Petition for Support	<input type="checkbox"/> Domestic Violence Petition
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Abuse and Neglect	<input type="checkbox"/> Delinquency/CHINS
<input type="checkbox"/> Adoption	<input type="checkbox"/> Termination of Parental Rights	

List Court Name(s) _____,
Case Name(s) _____ and
Case Number(s) _____ of the
related case(s).

Note: If the name change request DOES NOT relate to one of the case types above, the petitioner should file for a name change with the Probate Division.

2. The petitioner requests that the name _____
(First, middle and last names)
be changed to _____ in accordance with
(First, middle and last names)
the laws of the State of New Hampshire and for the following reasons:

3. Petitioner Name _____ Telephone _____
Mailing Address _____
4. Minor Name (if applicable) _____ Telephone _____
Mailing Address _____
Relationship of petitioner to minor _____

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PETITION FOR CHANGE OF NAME

5. Attorney Name (if applicable) _____ Telephone _____

Mailing Address _____

**PLEASE COMPLETE THE FOLLOWING INFORMATION AS IT APPLIES TO THE PERSON
WHOSE NAME IS BEING CHANGED.**

6. Town of residence _____

7. Date of birth _____ Place of birth _____

8. If minor, name of mother _____

Mailing Address _____

9. If minor, name of father _____

Mailing Address _____

10. If minor, name of guardian(s), if any _____

Mailing Address _____

11. Check the following paragraphs that apply to the person whose name is being changed.

☐ I am a person who is serving a prison sentence, or who is on probation or parole, and I certify that I have sent a copy of this petition to the department of corrections as required by law. I understand that failure to comply with notification requirements shall cause any decree hereunder to be null and void.

☐ I am a person who is required to register as a sexual offender or an offender against children pursuant to RSA 651-B, and I certify that I have sent a copy of this petition to the department of safety or other agency as required by law. I understand that failure to comply with notification requirements shall cause any decree hereunder to be null and void.

☐ Neither of the above paragraphs is applicable to this name change.

12. I authorize the court to conduct a criminal record check on my current name and any previous names I have used, or to conduct a criminal record check on any names used by the person whose name I am seeking to change, by submitting the attached Criminal Record Release Authorization Form.

Date

Petitioner Signature

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____

Affix Seal, if any

Signature of Notarial Officer / Title

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PETITION FOR CHANGE OF NAME

ORDER

The above petitioner has sworn before the judge/master that the facts are true to his/her best knowledge and belief. Accordingly, the court orders that:

☐ Petition is granted.

☐ Petition is denied.

Recommended:

Date

Signature of Marital Master

Printed Name of Marital Master

So Ordered:

I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, she/he has applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

Date

Signature of Judge

Printed Name of Judge