

**AFFIDAVIT FOR NAME CHANGE**

I, \_\_\_\_\_, being first duly sworn or affirmed, depose and state:

1. That my present full legal name (including first, middle and last) is:

\_\_\_\_\_

2. That my name, as stated on my birth certificate is: \_\_\_\_\_

3. That I changed my legal name from: \_\_\_\_\_ To: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

4. That I was born on, \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in the City of \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_ .

5. That I presently reside at \_\_\_\_\_  
(street address, city, state, zip code)

I have resided at this location since \_\_\_\_\_ My mailing address is: \_\_\_\_\_

(list only if different than residence address)

6. That my natural/adoptive (circle one) mother's full name, including any middle or maiden name, is

\_\_\_\_\_

7. That my natural/adoptive (circle one) father's full name is: \_\_\_\_\_

8. That during the last ten years, I have used or have been addressed by the following names in the jurisdiction(s) and on the dates listed below:

Name \_\_\_\_\_

Jurisdiction \_\_\_\_\_ date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_

Jurisdiction \_\_\_\_\_ date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_

Jurisdiction \_\_\_\_\_ date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

9. That the following is a complete list of locations where I have resided during the last ten years and the length of each residency.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Length of residency: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Length of residency: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Length of residency: From: \_\_\_\_\_ To: \_\_\_\_\_

10. That my current occupation is \_\_\_\_\_

That my current employer is \_\_\_\_\_

That my current employer's address is \_\_\_\_\_

11. That I have been employed during the past ten years as follows:

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Date of employment from: \_\_\_\_\_ to \_\_\_\_\_

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Date of employment from: \_\_\_\_\_ to \_\_\_\_\_

12. That the change of name request is not:

- a. For any fraudulent or wrongful purpose.
- b. Detrimental to the rights or interests of any other person(s).
- c. Prohibited by or violative of any judicial or administrative adjudication.

13. That I understand that is a violation of the Motor Vehicle Laws of North Carolina to use a false or fictitious name or address or to conceal a material fact in my application for a drivers license or ID card and that I may be punished as allowed by law.

14. I declare that the foregoing is true and correct.

Signature: \_\_\_\_\_ date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State: \_\_\_\_\_ County \_\_\_\_\_

X \_\_\_\_\_  
(Notary Public)

State: \_\_\_\_\_

Commission Expires: \_\_\_\_\_