

**APPLICATION FOR CHANGE OF NAME (ADULT)**

COMMONWEALTH OF VIRGINIA VA. CODE § 8.01-217

VIRGINIA: In the Circuit Court of the [ ] City [ ] County of .....

IN RE: .....  
(APPLICANT'S PRESENT NAME) FIRST MIDDLE LAST SUFFIX

COMES NOW, the applicant, .....

and after being duly sworn states under oath as follows:

1. Applicant's Birth Name: .....  
FIRST MIDDLE LAST SUFFIX

2. City or County of Residence: .....

3. Residence Address: .....  
STREET ADDRESS

.....  
CITY STATE ZIP CODE COUNTRY

4. Mailing Address: .....  
IF DIFFERENT FROM RESIDENCE ADDRESS

5a. Date of Birth: ..... 5b. Place of Birth: .....

**6. Full Names of Parents**

6a. Full Name: .....  
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

6b. Full Name: .....  
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

7. Reason for name change application: .....

.....  
[ ] Supplemental sheet attached

**Answer the following questions by checking appropriate "Yes" or "No" box and providing information as requested.**

8. Have you ever been convicted of a felony?..... [ ] Yes [ ] No

9. Are you currently incarcerated? \*\* ..... [ ] Yes [ ] No

If yes, indicate facility name and location: .....

If yes, indicate name(s) of court(s) where convicted: .....

10. Are you a probationer with any court(s)? \*\* ..... [ ] Yes [ ] No

If yes, indicate court(s) name: .....

11. Are you a person for whom registration with the Sex Offender and Crimes Against Minors Registry is required? \*\* [ ] Yes [ ] No

If yes, indicate court(s) where conviction occurred that resulted in the requirement to register: .....

12. Have you previously changed your name either by a prior application or by marriage? [ ] Yes [ ] No  
(If yes, attach court order or other documentation and indicate previous names):

.....  
\*\* No application of a probationer, incarcerated person, or person for whom registration with the Sex Offender and Crimes Against Minors Registry is required shall be accepted unless the Court finds good cause exists for such application under the reasons alleged in the application for the requested change of name. Attach explanatory documentation to the application.

WHEREFORE, the undersigned applicant further certifies under oath that this name change is not sought for any fraudulent purposes and will not infringe upon the rights of others, and pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, the applicant requests that the Court order a change of name from:

.....  
FIRST MIDDLE LAST SUFFIX

to

.....  
FIRST MIDDLE LAST SUFFIX

\_\_\_\_\_  
APPLICANT

Commonwealth/State of .....

[ ] City [ ] County of .....

Subscribed and sworn to/affirmed before me this ..... day of ....., 20 .....

by .....

.....  
DATE

\_\_\_\_\_  
[ ] CLERK [ ] DEPUTY CLERK  
[ ] NOTARY PUBLIC My commission expires .....  
Registration No. ....