

**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