

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____

Case Name: Name change of _____

Case Number: _____
(if known)

PETITION FOR CHANGE OF NAME
FOR ADULT MINOR

1. Petitioner name: _____ Telephone: _____

Residential address: _____
Street City State Zip code

Mailing address (if different): _____
Street City State Zip code

Relationship of petitioner to minor/adult: _____

Petitioner name: _____ Telephone: _____

Residential address: _____
Street City State Zip code

Mailing address (if different): _____
Street City State Zip code

Relationship of petitioner to minor/adult: _____

2. Attorney name: _____

Firm name: _____ Bar ID #: _____

Mailing address: _____
Street City State Zip code

Telephone: _____ E-mail: _____

3. Person whose name is to be changed: _____

Current name: _____ Telephone: _____

Residential address: _____
Street City State Zip code

Mailing address (if different): _____
Street City State Zip code

Date of birth: See Name Change Confidential Information Instructions
and Confidential Information Sheet (NHJB-2878-DFPe)

Place of birth: _____

4. The petitioner requests that the name _____
(First, middle and last names)

be changed to _____
(First, middle and last names)

in accordance with the laws of the State of New Hampshire and for the following reasons:

Case Name: Name change of _____

Case Number: _____

PETITION FOR CHANGE OF NAME

5. Are there any pending adult or minor guardianship, marriage dissolution, domestic relations, paternity, legitimization, parenting or other legal proceedings affecting this minor/adult?

Yes No

If yes, provide case information (such as court name, case number):

Are there any pending juvenile, domestic violence or adoption cases affecting this minor/adult?

Yes No

If yes, provide case information (such as court name, case number) on the Confidential Information Sheet (NHJB-2878-DFPe).

6. If a minor name change, list any living parents whose rights have not been terminated:

Name of parent: _____

Mailing address: _____
Street City State Zip code

Name of other parent: _____

Mailing address: _____
Street City State Zip code

7. Select all paragraphs that apply to the person whose name is being changed:

- i. I am a person who is incarcerated, or who is on probation or parole. I understand that, when instructed by the court, I must have the sheriff's department serve a copy of this petition on the department of corrections and to the prosecuting agency.
- ii. I am a person who is required to register as a sexual offender or an offender against children as defined by RSA 651-B and I am no longer subject to supervision by the department of corrections. I understand that, when instructed by the court, I must have the sheriff's department serve a copy of this petition on the department of safety and to the prosecuting agency.
- iii. I am a person who has been convicted of a violent felony or a crime against a child as defined by RSA 547:3-i, II. I understand that, when instructed by the court, I must have the sheriff's department serve a copy of this petition on the prosecuting agency.

I understand that failure to comply with above notification requirements shall cause any order to be invalid.

If any of the above boxes i-iii are checked, the following must be completed:

Name of prosecuting agency: _____
(i.e. Attorney General's Office, County Attorney's Office, etc.)

Mailing address: _____
Street City State Zip code

Multiple prosecuting agencies: Additional Information Page (NHJB-3075-DFPe) attached.

The above paragraphs are not applicable to this name change.

8. I understand that proof of identity must be filed with this petition in order for it to be granted. Proof of identity must show the current name and residence of the person whose name is being changed.

Case Name: Name change of _____

Case Number: _____

PETITION FOR CHANGE OF NAME

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

_____	/s/ _____	_____	_____
Petitioner name	Petitioner signature	Date	
_____	_____	_____	_____
Petitioner address	City	State	Zip code
_____	_____	_____	
Petitioner telephone	Petitioner E-mail		

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

_____	/s/ _____	_____	_____
Co-Petitioner name	Co-Petitioner signature	Date	
_____	_____	_____	_____
Co-Petitioner address	City	State	Zip code
_____	_____	_____	
Co-Petitioner telephone	Co-Petitioner E-mail		

FOR COURT USE

ORDER

This Petition for Name Change and accompanying information has been reviewed. Accordingly, the court orders that: