



**PETITION TO
CHANGE NAME OF ADULT**
G. L. c. 210, § 12

Docket No. _____

**Massachusetts Trial Court
Probate and Family Court**

In the Matter of:

_____ **Division**

_____ **First Name**

_____ **Middle Name**

_____ **Last Name**

(current legal name of petitioner)

**You MUST reside in the county where this
petition is filed.**

INFORMATION ABOUT THE PETITIONER

1. My current legal name is: _____
_____ **First Name** _____ **Middle Name** _____ **Last Name**

I was born in _____ on _____
_____ **City/Town** _____ **State** _____ **Date of Birth**

2. I currently reside at: _____
_____ **(Address)** _____ **(Apt, Unit, No. etc.)** _____ **(City/Town)** _____ **(State)** _____ **(Zip)**

Mailing Address, if different: _____
_____ **(Address)** _____ **(Apt, Unit, No. etc.)** _____ **(City/Town)** _____ **(State)** _____ **(Zip)**

Primary Phone #: _____ Email Address: _____

☐ Check here if the current address is a facility under the supervision of the Massachusetts Department of Correction.

FORM ALERT: The petitioner must reside in the county where this petition is filed.



Reside is where you currently live.

3. Have you ever legally changed your name prior to this petition? ☐ No ☐ Yes

If Yes, please complete the following:

From: _____

To: _____

Reason: _____

FORM ALERT: A certified copy of your birth certificate and a certified copy of any prior name change (i.e., marriage certificate, divorce decree, court order changing name) must be filed with this petition.

☐ Check here if you would like all certified copies of documents filed with the court returned to you after review and processing.

4. Have you ever used any other name or alias? ☐ No ☐ Yes

If yes, please list any and all names that you have not previously listed above:

INFORMATION ABOUT THE PROPOSED NEW NAME

5. I am requesting that my name be changed from my current legal name to:

_____ **First Name**

_____ **Middle Name**

_____ **Last Name**

6. I am requesting that my name be changed for the following reason:


AUTHORIZATION TO CONDUCT A CARI AND WMS CHECK

7. I authorize the court to conduct a Court Activity Record Information (CARI) and Warrant Management System (WMS) check on any names used by me by submitting the attached Court Activity Record Information and Warrant Management System Release Request Form (CJP 34).

OTHER REQUESTS (OPTIONAL)

8. ☐ If there is a hearing on this petition, I request an interpreter. Language: _____
9. ☐ I would like to request that court staff use these pronouns while I am at court: _____

NOTARIZED SIGNATURE OF PETITIONER

Date: _____ Sign here in the presence of a Notary Public  _____

Type or Print Name of Petitioner

On this _____ day of _____, 20____, in the state of _____, before me, the undersigned notary public, personally appeared _____,

(Name of Document Signer)

evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

(seal) Notary Public Signature _____ My commission expires: _____

Print Name _____ State of Commission _____

Information on Attorney for Petitioner, if any

Signature of Attorney

(Print name)

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

B.B.O. # _____

Email: _____