

**See Instructions (NAM101) for help in filling out this form.**

**State of Minnesota**

**District Court**

County of: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Judicial District: \_\_\_\_\_

Case Type: Name Change

☐ **Interpreter Requested** (Language: \_\_\_\_\_)

In the Matter of the Application of:

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

**Application for Name Change and Other Relief (NAM102)**

Minn. Stat. § 259.10

The undersigned applicant states that:

1. This application is made in good faith, without intent to defraud or mislead.
2. All persons who are asking to have their names changed on this application have lived in the State of Minnesota for at least six months immediately prior to the date of this application, and now live at:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

3. Name of applicant and date of birth:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

4. Name of applicant's spouse (if married) and spouse's date of birth: ☐ N/A (not applicable because applicant is not married)

Spouse's First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Does this application include spouse? ☐ Yes ☐ No

5. Minor children and dates of birth: ☐ N/A (Not applicable because the applicant does not have any minor children)

	Child's First Name	Child's Middle Name	Child's Last Name	Child's Date of Birth
1				
2				
3				
4				
5				

*If more than five children, add more paper.*

Does this application include any of the minor children listed above? ☐ Yes ☐ No

If Yes, which of the minor children does this application include? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. The name and address of the non-applicant parent of all minor children included in this application: ☐ N/A (Not applicable because either the applicant does not have minor children, or this application does not include minor children)

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

*If more space is needed, add paper.*

OR

- ☐ The non-applicant parent is not known, and the non-applicant parent's name is not shown on the child's birth certificate.

7. Applicant requests:

- ☐ To have applicant's name changed:

From:

Current First Name:	
Current Middle Name:	
Current Last Name:	

To:

First Name:	
Middle Name:	
Last Name:	

- ☐ To have applicant's name changed on the birth record created or maintained by the Minnesota Department of Health to:

(must reflect your current name or the proposed name if you checked the box above)

First Name:	
Middle Name:	
Last Name:	

- ☐ To have the applicant's sex changed on the birth record created or maintained by the Minnesota Department of Health from \_\_\_\_\_ to \_\_\_\_\_.

- ☐ To have the Minnesota Department of Health issue and register a replacement birth record. Applicant further requests the prior birth record be kept confidential and the replacement birth record not to include any reference to Applicant's:

☐ former name

☐ former sex.

- ☐ To have the name of applicant's spouse changed:

From:

Current First Name:	
Current Middle Name:	
Current Last Name:	

To:

First Name:	
Middle Name:	
Last Name:	

☐ To have the names of applicant's minor children changed:

Child 1 – From:

Current First Name:	
Current Middle Name:	
Current Last Name:	

To:

First Name:	
Middle Name:	
Last Name:	

Child 2 – From:

Current First Name:	
Current Middle Name:	
Current Last Name:	

To:

First Name:	
Middle Name:	
Last Name:	

Child 3 – From:

Current First Name:	
Current Middle Name:	
Current Last Name:	

To:

First Name:	
Middle Name:	
Last Name:	

Child 4 – From:

Current First Name:	
Current Middle Name:	
Current Last Name:	

To:

First Name:	
Middle Name:	

Last Name:	
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Child 5 – From:

Current First Name:	
Current Middle Name:	
Current Last Name:	

To:

First Name:	
Middle Name:	
Last Name:	

*If more than 5 children, add more paper.*

8. Criminal History:

☐ No party to this application has a criminal history.

OR

☐ The criminal history of the following parties included in this application is:


☐ The following parties included in this application have been convicted of a felony:

Name of Person	Name of Offense	Date of Offense	State

9. Does the applicant, spouse, or children have a claim, interest, or lien in or on land in Minnesota? ☐ Yes ☐ No

If Yes, give the name of the person with the claim, interest, or lien, and the legal description (if you need more space, include additional pages):


10. ☐ Applicant is currently involved in a victim or witness protection program.
11. ☐ Applicant is an inmate in a correctional facility and is submitting the *Inmate Affidavit for Name Change*.
12. ☐ Applicant is divorced and seeking to change their name to the legal name on the applicant's birth certificate and is submitting a certified copy of the Certification of Dissolution or equivalent court order ending the marriage and a certified copy of the applicant's birth certificate. No criminal history is required pursuant to Minn. Stat. § 259.11(b) and (c)(3).
13. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: \_\_\_\_\_

County and state where signed:  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

County and state where signed:  
\_\_\_\_\_

Co-Applicant's Signature (spouse): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Minor's Signature: \_\_\_\_\_  
(if 14 years old or older)

Name: \_\_\_\_\_