

PETITION TO CHANGE NAME OF MINOR G. L. c. 210, § 12	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Matter of: <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> First Name Middle Name Last Name </div> </div> <div style="width: 15%; text-align: center; vertical-align: middle;"> Division _____ </div> </div> <div style="text-align: center; margin-top: 5px;"> (Current Name of Minor Child) </div>		
INFORMATION ABOUT THE MINOR CHILD		

1. The petitioner, _____, is a minor.

First Name
Middle Name
Last Name

(Print child's current legal name here)
2. The petition is presented on behalf of the child by *(check all that apply)*:
- ☐ legal mother/parent 1
 ☐ legal father/parent 2
 ☐ court-appointed guardian(s)
3. Child's date of birth: _____ Current age: _____
4. Child's current address:
- _____

(Address)
(Apt, Unit, No. etc.)
(City/Town)
(State)
(Zip)

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

- ☐ Check here if current address is a facility under the supervision of the Massachusetts Department of Correction or the Massachusetts Department of Youth Services.
5. Has the child ever changed his/her name prior to this petition? ☐ No ☐ Yes *(if yes, please complete the following)*
- From: _____
- To: _____
- Reason: _____

FORM ALERT: A certified copy of the child's birth certificate and a certified copy of any prior name change must be filed with this petition.

- ☐ Check here to request a return, by first class mail, of all certified copies of documents filed with the court after review and processing.

INFORMATION ABOUT THE MINOR CHILD'S LEGAL PARENTS
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6. The child's legal parents (as listed on the child's birth certificate) are:
- | | |
|---|---|
| Mother/Parent 1

<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Address) (Apt, Unit, No. etc.) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (City/Town) (State) (Zip) </div> <div style="margin-top: 10px;"> Primary Phone #: _____
 Email Address: _____ </div> | Father/Parent 2

<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Name </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (Address) (Apt, Unit, No. etc.) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> _____ </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (City/Town) (State) (Zip) </div> <div style="margin-top: 10px;"> Primary Phone #: _____
 Email Address: _____ </div> |
|---|---|

FORM ALERT: If the address or whereabouts is unknown you must file a Motion for Service by Alternate Means and Affidavit of Diligent Search (CJP 31).

- ☐ Check here if only one parent is listed on the child's birth certificate.
- ☐ Check here if any legal parent listed on the child's birth certificate is deceased (*attach a copy of the death certificate(s)*).
- ☐ Check here if any legal parent listed on child's birth certificate has had their parental rights terminated in a prior court proceeding (*attach proof*).

INFORMATION ABOUT THE MINOR CHILD'S GUARDIAN (IF ANY)

7. Does the child have a court-appointed guardian? ☐ No ☐ Yes (*if yes, complete the following and attach proof unless already on file with this court.*):

Guardian

Co-Guardian

Name

(Address) (Apt, Unit, No. etc.)

(City/Town) (State) (Zip)

Name

(Address) (Apt, Unit, No. etc.)

(City/Town) (State) (Zip)

Primary Phone #: _____
Email Address: _____

Primary Phone #: _____
Email Address: _____

FORM ALERT: If the address or whereabouts is unknown you must file a Motion for Service by Alternate Means and Affidavit of Diligent Search (CJP 31).

INFORMATION ABOUT ASSENTS

Complete **ALL** of the following:

8. The minor child who is 12 years of age or older assents to the petition (*see notarized assent on this petition*).
- ☐ Not applicable. The minor child is not 12 years of age or older.
9. The legal mother/parent 1
- ☐ assents to the petition (*see notarized assent on this petition or separate notarized assent form filed with this petition*).
- ☐ does not assent. Explain: _____
10. The legal father/parent 2
- ☐ assents to the petition (*see notarized assent on this petition or separate notarized assent form filed with this petition*).
- ☐ does not assent. Explain: _____
11. All court-appointed guardians
- ☐ assent to the petition (*see notarized assents on this petition or separate notarized assent forms filed with this petition*).
- ☐ do not assent. Explain: _____
- ☐ Not applicable. There is no court-appointed guardian.

INFORMATION ABOUT THE MINOR CHILD'S PROPOSED NEW NAME

12. It is in the best interests of the minor child to change the child's name:

To: _____
First Name Middle Name Last Name

13. A change of name is sought for the following reason:

AUTHORIZATION TO CONDUCT A CARI AND WMS CHECK

14. I/We authorize the court to conduct a Court Activity Record Information (CARI) and Warrant Management System (WMS) check on any names used by the child, if the child is 12 years or age or older, by submitting the attached Court Activity Record Information and Warrant Management System Release Request Form (CJP 34).

OTHER REQUESTS (OPTIONAL)

15. If there is a hearing on this petition, I request an interpreter for *(check all that apply)*:

☐ minor child ☐ mother/parent 1 ☐ father/parent 2 ☐ court-appointed guardian(s)

Language(s): _____

IMPORTANT - PLEASE READ

If the minor child who is the subject of this petition is 12 years of age or older, the child's written notarized assent must be obtained below **before filing this petition**. See Uniform Practice XXXV.

NOTARIZED SIGNATURE OF MINOR CHILD, 12 YEARS OF AGE OR OLDER

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

Commonwealth of Massachusetts

Type or Print Name of the Minor Child,
12 years of age or older

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which
(Name of Document Signer)

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 _____

NOTARIZED SIGNATURE OF MINOR CHILD'S LEGAL PARENT(S)

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

Commonwealth of Massachusetts

Type or Print Name
indicate if mother/parent 1 or father/parent 2

County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which
(Name of Document Signer)

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 _____

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

Commonwealth of Massachusetts

County of _____

Type or Print Name
indicate if mother/parent 1 or father/parent 2

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which
(Name of Document Signer)
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 _____

NOTARIZED SIGNATURE OF MINOR CHILD'S COURT- APPOINTED GUARDIAN(S), IF ANY

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

Commonwealth of Massachusetts

County of _____

Type or Print Name of guardian

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which
(Name of Document Signer)
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 _____

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. # _____

E-mail: _____