

PETITION TO CHANGE NAME OF ADULT 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; border-bottom: 1px solid black; margin-bottom: 5px;"> First Name Middle Name Last Name </div> <p style="text-align: center;">(Current Name of Petitioner)</p>		<div style="border-bottom: 1px solid black; height: 40px; margin-bottom: 5px;"></div> Division
INFORMATION ABOUT THE PETITIONER		

1. My current legal name is:

First Name
Middle Name
Last Name

2. My current address is:

(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:

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

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

*If **Yes**, please complete the following:*

From:
 To:
 Reason:

From:
 To:
 Reason:

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 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 PROPOSED NEW NAME

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

First Name

Middle Name

Last Name

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

AUTHORIZATION TO CONDUCT A CARI AND WMS CHECK

6. 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)

7. ☐ If there is a hearing on this petition, I request an interpreter. Language: _____

NOTARIZED SIGNATURE OF PETITIONER

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

Type or Print Name of Petitioner

Commonwealth of Massachusetts

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 _____

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: _____