

CHANGE OF NAME PETITION GUIDELINES

General Information

- You must be a resident of Essex County.
- The form must be typed/printed in black ink only.
- Fill out information as it pertains to those individuals whose names are being changed.
- All members of the immediate family shall use one (1) form (parent and child and/or all children); with the exception of a person who has attained the age of 18 years, said person must file a separate petition.
- When changing your last name a citation will issue and has to be published in the newspaper one time.

Birth Certificates

- **Original certified** copies of the birth certificate of each person changing their name *must* accompany the petition. The birth certificate must be obtained from City Hall and not the hospital. Copies of certified copies are not acceptable.
- Birth certificates from other countries must be translated by an Authorized Translator.

Signature

- Anyone changing their names must fill out and sign their full legal name as spelled on their birth certificate (except in the case(s) where the last name was changed by marriage or prior order of the court). **NO INITIALS** are to be used when signing or writing your name.

Minors

- When the child/children are under the age of eighteen (18) years, the petition must be submitted by parent/parents or legal guardian (if the petition is submitted by a legal guardian, appointed by a court not in Essex County, an updated certified copy of the appointment is needed.)
- The petitioner should read: (Parent's name) on behalf of (Child's name).
- Where the petition asks for occupation, the occupation, if applicable, is the child's, not the parent/guardian. Place of birth is that of the child.
- The parent/guardian must sign, in full, the child's name as it appears on the line entitled "Signature of the Petitioner."
- If the child is under the age of eighteen, notice must be given to the natural parent by certified mail. If at all possible, consent of both natural parents is requested for anyone under the age of 18. If the parents/guardian do not jointly render the petition, the remaining parent/guardian may use an assent form or a separate 8 ½ x11 legal piece of paper, said signature to be notarized. (The assent form may be requested from the Court).
- When a child is taking a step-parent's surname, the step-parent must also give his/her consent and have same notarized.

- An Affidavit Disclosing Care and Custody form must be submitted with the petition.

Additional Forms

- For persons over the age of eighteen an Affidavit of Notice to Creditors must be completed. Do not include account numbers for creditors, only state who will be notified.
- Any additional forms required will be provided by the Court when processing your petition.

Filing Fee

- The filing fee for Change of Name Petition is \$165.00 per petition without citation. If a Citation is necessary, an additional \$15.00 will be due.
- The money order or bank check must be made out to **Essex Probate Court.**
- **(NO PERSONAL CHECK ACCEPTED)**
- Credit card or Cash accepted when filing in person.

Allowance of the Petition

- When your petition is ready for allowance, you will receive a notice by mail informing you of the court date unless it has been allowed administratively.
- After the name change is allowed, you will receive one certificate of Change of Name (proof of your name change). If you need more than the one provided, the cost is \$20.00 per copy.
- It is your responsibility to inform the Social Security Office and any other offices, such as Registry of Motor Vehicles, banks, schools, etc. of the name change.
- **Changing your name will not change your birth certificate if you were born in Massachusetts.**

PLEASE MAIL ALL PLEADINGS TO:

ESSEX COUNTY PROBATE & FAMILY COURT
45 CONGRESS STREET, STE 170
SALEM, MA 01970

* If you have any questions, you may call (978)744-1020. Please ask for the Change of Name Department.

FAILURE TO COMPLY WITH THESE GUIDELINES AND SUBMISSION OF ALL REQUIRED FORMS MAY RESULT IN A DELAY OF FILING AND/OR ALLOWANCE OF YOUR PETITION.

Docket No. _____

(Street Address) _____ (City/Town) _____ (State) _____ (Zip)

Date of Birth _____ Place of Birth _____

Date of Birth _____ Place of Birth _____

CGF

**COMMONWEALTH OF MASSACHUSETTS
PROBATE AND FAMILY COURT DEPARTMENT**

Essex, ss.

Docket No. _____

IN THE MATTER OF:

Current Name

MOTION TO WAIVE PUBLICATION

The petitioner in this action moves this Honorable Court to waive the requirement of publication for the following reason:

- _____ Changing the Name(s) of minor child(ren) with both Parents assent.
- _____ Resuming my name prior to marriage (enclose photocopy of Divorce Decree/Nisi).
- _____ Assuming my spouse's name (enclose photocopy of marriage certificate and obtain assent of spouse.
- _____ Changing my first/middle name only.
- _____ Other: _____

Date _____

Respectfully Submitted,

Signature

Print Name

Print Address

Telephone No.

COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
PROBATE AND FAMILY COURT

Essex, ss

Docket No. _____

GENERAL ASSENT

Case Name _____

In the matter of _____

I, _____ of _____

being a party interested in the above matter hereby consent to the allowance of the same by the Probate and Family Court for this County and request that the same be granted without further notice.

Witness

Date

Signature

**COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
PROBATE AND FAMILY COURT**

Essex, ss

Docket No. _____

Name

AFFIDAVIT OF NOTICE TO CREDITORS

I, _____
(Name and Address)

hereby certify that I will give notice to all my creditors that I legally change my name to:

My creditors are as follows (list creditors names **ONLY, NO ACCOUNT NUMBERS**):

- 1). _____
 - 2). _____
 - 3). _____
 - 4). _____
 - 5). _____
 - 6). _____
 - 7). _____
 - 8). _____
 - 9). _____
 - 10). _____
- _____
- _____

Signed under the pains and penalties of perjury this _____ day of _____ 20____

Signature _____

Print Name _____

Print Address _____

Phone No. _____

**MASSACHUSETTS TRIAL COURT
PROBATE AND FAMILY DEPARTMENT**

CARI REQUEST FORM

CASE NAME _____ DOCKET # _____
JUDGE _____ COURTROOM # _____ DATE _____

GUARDIANSHIP ☐

NAME CHANGE ☐

ADOPTION ☐

DIVORCE ☐ ☐
PTC MOTION

PATERNITY ☐ ☐
PTC MOTION

NAME OF: PLAINTIFF/PETITIONER
PROPOSED GUARDIAN

NAME OF: DEFENDANT/CO-PETITIONER
PROPOSED CO- GUARDIAN

D.O.B. _____

D.O.B. _____

SS# _____

SS# _____

FATHERS NAME _____

FATHERS NAME _____

MOTHERS MAIDEN NAME _____

MOTHERS MAIDEN NAME _____

FOR PROBATION USE ONLY
CARI CHECK:

☐ NO RECORD

☐ RECORD (SEE ATTACHED)

WMS CHECK

☐ NO WARRANTS

☐ ACTIVE WARRANTS
(SEE ATTACHED)

FOR PROBATION USE ONLY
CARI CHECK:

☐ NO RECORD

☐ RECORD (SEE ATTACHED)

WMS CHECK

☐ NO WARRANTS

☐ ACTIVE WARRANTS
(SEE ATTACHED)

COMMENTS/REMARKS: _____

INITIALS: _____

DATE: _____

AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are currently confined in a prison or jail and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), do not use this form. Obtain separate forms from the clerk.)

Court _____ Case Name and Number (if known) _____
Name of applicant: _____
Address: _____
(Street and number) (City or town) (State and Zip)

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that *(check only one)*:

☐ (A) I receive public assistance under *(check form of public assistance received)*:

- | | |
|---|---|
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Medicaid (MassHealth) |
| <input type="checkbox"/> Emergency Aid to Elderly, Disabled or Children (EAEDC) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Massachusetts Veterans Benefits Programs; or | |

☐ (B) My income, less taxes deducted from my pay, is \$ _____ per ☐ week ☐ biweekly ☐ month ☐ year
(check the period that applies) for a household of _____ persons, consisting of myself and _____ dependents;
which income is at or below the court system's poverty level; *(Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at:*
<http://www.mass.gov/courts/sjc/docs/povertyguidelines.pdf>. *The court system's poverty level is updated each year.)*

(List any other available household income for the checked period on this line: \$ _____); or

☐ (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

SECTION 2: (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (Check all that apply and, in any "\$ ____" blank, indicate your best guess as to the cost, if known.)

- ☐ Filing fee and any surcharge. \$ _____
- ☐ Filing fee and any surcharge for appeal. \$ _____
- ☐ Fees or costs for serving court summons, witness subpoenas or other court papers. \$ _____
- ☐ Other fees or costs of \$ _____ for (specify): _____
- _____
- ☐ Substitution (specify): _____
- _____

SECTION 3: I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

- ☐ Cost, \$ _____, of expert services for testing, examination, testimony or other assistance (specify): _____
- _____
- ☐ Cost, \$ _____, of taking and/or transcribing a deposition of (specify name of person): _____
- _____
- ☐ Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant not represented by Committee for Public Counsel Services (CPCS-public defender).
- ☐ Appeal bond
- ☐ Cost, \$ _____, of preparing written transcript of trial or other proceeding
- ☐ Other fees and costs, \$ _____, for (specify): _____
- _____
- ☐ Substitution (specify) _____
- _____

Date signed	Signed under the penalties of perjury
	x _____
By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL . Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.	
This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003. Fillable PDF created August 2013.	