



**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: \_\_\_\_\_