



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____

Court Address

Case No. _____

IN THE MATTER OF:

Your Current Legal Name

Address

City, State, Zip

FOR CHANGE OF NAME TO:

Name You Want to be Known As

PETITION FOR CHANGE OF NAME (ADULT)
(Md. Rule 15-901)

NOTES:

- File this form in the county in which you live.
- Do NOT use this form to change the name of a child, or in connection with adoption or divorce.
- You must attach documents with your current name (e.g., birth certificate) and documents that officially change your name (e.g., marriage certificate, driver's license, passport).
- You must publish a notice in a newspaper unless the court issues a waiver. Complete Notice for Publication Adult (Form CC-DR-061) and see the clerk. To request a waiver, file a Motion for Waiver of Publication (Name Change – Adult) (Form CC-DR-113).
- File a Petition to Seal or Otherwise Limit Inspection of a Case Record (Form CC-DC-053) if you do not want the public to access case records associated with this petition.
- Learn more at mdcourts.gov/namechange.

I, _____, whose address is _____
Your current name Address
_____, state that:

1. I was born on _____ in _____.
Date of birth City, state, county, country

2. The name I was given at birth is _____.
Birth name

3. **Complete this section (if it applies):**

My name has been changed to the following since birth for the following reasons:

(List any reasons why your name may have changed since birth, for example, marriage.)

Name changed to:

Reason:

4. **(Select one):**

☐ I have never registered as a sexual offender.

☐ I am or have previously been registered as a sexual offender under the following name(s):

Full name(s) as registered, including suffixes.

Case No. _____

5. I am requesting this change of name because:

6. I want my new name to be _____
Name you want to be known as

7. **Complete this section (if it applies):**

I am also requesting that my gender/sex be changed from _____ to _____ for
Current gender/sex Desired gender/sex
the purpose of updating my sex designation (gender marker) on my birth certificate and other
identity documents.

NOTES:

- A court order is not necessary to update your gender marker on records with the Social Security Administration, Maryland Motor Vehicle Administration, Maryland Division of Vital Records (for your Maryland birth certificate), or the U.S. Department of State (for your passport). Talk to a lawyer about administrative options for updating these types of records.
- Most states, including Maryland, currently only allow you to choose from a female (F) or male (M) gender marker on your birth certificate.
- Attach documentation from a licensed health care practitioner showing you have undergone treatment appropriate for gender transition or have been diagnosed with an intersex condition (Health General Art., §4-211(b)(2)(i)).
- MDEC counties: Write “CONFIDENTIAL” on the first page of the documentation from your health care practitioner and file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (MDJ-008) and select “Medical Report” in part 1.

8. The purpose of my request is not for any illegal or fraudulent purpose.

FOR THESE REASONS, I request (*check all that apply*):

- ☒ my name be changed from _____
Current legal name
to _____
Name you want to be known as
- ☐ the court issue an order to amend my certificate of birth to reflect the new name.
- ☐ my gender/sex be changed from _____ to _____
Current gender/sex Desired gender/sex
- ☐ the court issue an order for change of gender/sex.
- ☐ the court hold a hearing on this petition.

I, _____, solemnly affirm under the penalties of perjury, that the contents
Petitioner's Name
of this document are true to the best of my knowledge, information, and belief.

Date

Address

City, State, Zip

E-mail

Petitioner's Signature

Printed Name

Telephone

Fax



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at _____ Case No. _____

Court Address

IN THE MATTER OF:

Your Current Legal Name

Address

City, State, Zip

FOR CHANGE OF NAME TO:

Name You Want to be Known As

MOTION FOR WAIVER OF PUBLICATION (NAME CHANGE – ADULT)
(Md. Rule 15-901(e)(2))

NOTE: Use this form to ask the court to waive (excuse) the requirement that notice of your request to change your name be published in a newspaper. If the court denies your request, you must publish your notice in a newspaper and pay for the publication.

I, _____, having filed a Petition for Change of Name to change my
name to _____, ask the court to waive the requirement that notice of
my name change request be published because:

Your current legal name

Name you want to be known as

FOR THESE REASONS, I request the court waive the requirement that notice of my petition to change my name from _____ to _____ be published in a newspaper of general circulation.

Your current legal name

Name you want to be known as

AFFIDAVIT

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Date

Signature

Address

Printed Name

City, State, Zip

Telephone Number

E-mail

Fax