NARYLAN CIRCUIT CO	URT FOR	City/County	, MARYLAND
Located at		Case No	
IN THE MATTER OF:	Court A	ıddress	
Your Current Legal	Name		
Address			
City, State, Zip			
FOR CHANGE OF NAM	Е ТО:		
Name You Want to be K	nown As		
	PETITION FOR CH	IANGE OF NAME (Rule 15-901)	(ADULT)
 You must attach dofficially change y You must publish Publication Adult Waiver of Publica File a Petition to Sonot want the publication Learn more at mde 	documents with your curvour name (e.g., marriag a notice in a newspaper (Form CC-DR-061) and tion (Name Change – A Seal or Otherwise Limit c to access case records courts.gov/namechange.	rent name (e.g., birth c ge certificate, driver's li- unless the court issues d see the clerk. To requidult) (Form CC-DR-11 Inspection of a Case R associated with this pe	s a waiver. Complete Notice for nest a waiver, file a Motion for 13). Lecord (Form CC-DC-053) if you do etition.
	, state	e that:	
1. I was born on	Date of birth	aCity, s	state, county, country
	as given at birth is		
3. Complete this My name has (List any reaso	s section (if it applies): been changed to the foll		the following reasons: irth, for example, marriage.) Reason:
			der under the following name(s):

	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 cl	hanged from Current gender/sex to Desired gender/sex for			
	the purpose of updating my sex designation (gender marker) on my birth certificate and other			
	identity documents.				
	NOTES:				
	Security Administration, Maryland of Vital Records (for your Maryland	date your gender marker on records with the Social Motor Vehicle Administration, Maryland Division d birth certificate), or the U.S. Department of State r about administrative options for updating these			
	Most states, including Maryland, currently only allow you to choose from a female (F)				
	or male (M) gender marker on your	birth certificate. sed health care practitioner showing you have			
		r gender transition or have been diagnosed with an			
	intersex condition (Health General	Art., §4-211(b)(2)(i)).			
		NTIAL" on the first page of the documentation			
	•	nd file a Notice Regarding Restricted Information 08) and select "Medical Report" in part 1.			
8.	The purpose of my request is not for any illeg	gal or fraudulent purpose.			
FOR THE	SE REASONS, I request (check all that apply	y):			
⊠ my name	e be changed fromCurrent legal nan	ne			
to	lame you want to be known as				
	t issue an order to amend my certificate of birt	th to reflect the new name.			
☐ my gend	ler/sex be changed fromCurrent gender/sex	to Desired gender/sex			
☐ the court	t issue an order for change of gender/sex.	Desired gender/sex			
☐ the court	t hold a hearing on this petition.				
Ι,		firm under the penalties of perjury, that the contents			
of this door	Petitioner's Name	formation and haliaf			
or this docu	ment are true to the best of my knowledge, in	formation, and benefit			
	Date	Petitioner's Signature			
	Buc	Tentioner 5 Signature			
	Address	Printed Name			
	C'a Cara Z'				
	City, State, Zip	Telephone			
	E-mail	Fax			

ENRYLAND CIRCUIT COURT FOR	City/County	, MARYLAND
N MAN M		
Tolicia & Located at	Court Address	ise 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		
	OF PUBLICATION (NAME CHA (Md. Rule 15-901(e)(2))	NGE – ADULT)
NOTE: Use this form to ask the court to change your name be published in a new notice in a newspaper and pay for the pu	wspaper. If the court denies your reque	
I,Your current legal name	, having filed a Petition for Chan	ge of Name to change my
name toName you want to be known		
		-
my name change request be published b	ecause:	
FOR THESE REASONS, I request the	e court waive the requirement that noti	ce of my petition to change
		1
my name from Your current legal published in a newspaper of general circ	name Name you culation.	want to be known as
F	AFFIDAVIT	
I solemnly affirm under the pen	alties of perjury that the contents of the	nis document are true to the
best of my knowledge, information, and		
Date		Signature
Address	F	rinted Name
City, State, Zip	Tel	ephone Number
,, 2, 2	10.	1
E-mail		Fax