

State of Minnesota**District Court**

County

Judicial District: _____

Court File Number: _____

Case Type: _____

Name Change

In the Matter of:

First_____
Middle_____
Last**Order Granting Name Change
And Other Relief**

For a change of name to:

(Minn. Stat. § 259.10, § 144.218, and § 144.2181)_____
First_____
Middle_____
Last

The above entitled matter came on for hearing before the undersigned Judge on _____ upon the Application for a Name Change and Other Relief. Upon the
Date
testimony and files, THE COURT FINDS the following:

1. The application is made in good faith without intent to defraud or mislead.
2. The applicant(s) has/have lived in the State of Minnesota for at least six months preceding the filing

of the application, and now live at: _____

Street City/Town State Zip
in _____ County.

3. Name of applicant and date of birth: _____

4. Name of spouse and date of birth: _____

This application ☐ does ☐ does not include spouse.

5. Name(s) of minor children and date(s) of birth: _____

_____☐ This application does not include minor children listed above.☐ This application includes the following minor children listed above: __________

6. This applicant requests:
- ☐ To have his/her name changed to _____
 - ☐ To have his/her name changed on birth records created or maintained by the Minnesota Department of Health to _____
 - ☐ To have his/her sex changed on birth records created or maintained by the Minnesota Department of Health to _____.
 - ☐ To have the Minnesota Department of Health issue and register a replacement birth record. Applicant further requests the prior birth record be kept confidential and the replacement birth record not to include any reference to Applicant's ☐ former name ☐ former sex.
 - ☐ To have the name of his/her spouse changed to _____
 - ☐ To have the name(s) of his/her child (ren) changed to _____
- _____
- _____
- _____
- _____

7. The applicant (and included spouse or child (ren))
- ☐ Has not been convicted of a felony in any state.
 - ☐ Has been convicted of a felony as follows: _____
- _____
- AND** ☐ Proper notice has been given to the prosecuting authority and Minnesota Attorney General
- AND** ☐ No objection has been filed.

8. Legal description of lands in the State of Minnesota upon which the following have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary.)
- ☐ Applicant _____
 - ☐ Spouse _____
 - ☐ Child (ren) _____
- _____

9. Other: _____
- _____
- _____

The application is granted and IT IS ORDERED that:

- ☐ The legal name of the Applicant shall be _____
- ☐ The legal name of the spouse shall be _____

☐ The legal names of the minor child (ren) shall be _____

☐ The Minnesota Department of Health shall change the name on the birth record from _____
_____ to _____

☐ The Minnesota Department of Health shall change the sex on the birth record from _____ to
_____.

☐ The Minnesota Department of Health shall issue and register a replacement birth record for the Applicant. The prior birth record shall be confidential pursuant to Minn. Stat. § 13.02, subdivision 3, and shall not be disclosed except pursuant to court order.

☐ The replacement birth record shall not include any reference to the Applicant's

☐ former name

☐ former sex

and

☐ shall reflect the Applicant's current legal name of _____

☐ shall reflect the sex designation of _____.

All persons having a criminal history who have been granted a name change by this court have a duty to report that name change to the Bureau of Criminal Apprehension within ten (10) days of this order.

☐ Other _____

Dated: _____

Judge of District Court

DUTY TO REPORT NAME CHANGE
Minn. Stat. § 259.11B

If you have a criminal history and have changed your name, you have a duty to report your name change to the Bureau of Criminal Apprehension located at 1430 East Maryland Avenue, St Paul, MN 55106, (651)793-2400, **within ten (10) days of this order.** Failure to do so is a gross misdemeanor punishable by up to one (1) year in prison and/or a fine of \$3000.