



CHANGE OF NAME

RIGL 33-22-28

STATE OF RHODE ISLAND

County of Select County _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of Select City or Town _____

No. _____

Current Name _____

Street Address _____

City/Town _____

State _____

Zip Code _____

Phone Number _____

Mailing Address
(If different) _____

City/Town, State
Zip Code _____

Email _____

Name on Original
Birth Record _____

Date of Birth _____

Place of Birth _____

Mother's
Maiden Name _____

Father's
Name _____

Petitioner's
Occupation _____

Petitioner's
Marital Status
(optional) _____

The Petitioner has previously changed their name by Court Order:
(if yes, attach copy) Yes No

The Petitioner resided at all of the following addresses:

Reason for Name Change (be specific):

Petitioner Requests
a Name Change to:

First: _____

Middle: _____

Last: _____

If applicable, the name on
the birth record should be
changed to:

First: _____

Middle: _____

Last: _____

The undersigned Petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Name of
Petitioner

Relationship of
Petitioner

Signature of
Petitioner

Date

Notary:

Name of
Notary

State

County

On _____ day of _____, 20 _____ the petitioner, known to me or proved through satisfactory evidence, signed the document in my presence and swore or affirmed the statement(s) in the documents is/are truthful and accurate.

Signature of Notary Public

Date

Commission ID#

Commission Expiration Date

Notary Seal

DECREE

Upon hearing thereon, the petitioner's request for change of name to

First _____ Middle _____ Last _____

and, if applicable, the name on the birth record shall be changed to

First _____ Middle _____ Last _____

are hereby granted this _____, day of _____ 20 _____. .

Probate Judge

Date

Signature of
Probate Judge

Attach certified copy of the original birth certificate and BCI report.