



**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: ☐ Yes ☐ No  
(if yes, attach copy)

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.**