



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
Civil Division – Civil Actions Branch
500 Indiana Avenue, NW, Suite 5000, Washington, DC 20001
(202) 879-1133 | www.dccourts.gov

INSTRUCTIONS FOR CHANGING THE NAME OF AN ADULT

1. The process of applying for a name change involves filling out court forms, appearing before a judge, and may also involve notifying third parties. If you do not understand how to fill out the forms and follow the court procedures, you should talk to a lawyer.
2. The Application for Change of Name of an Adult must be filed in the **Civil Actions Branch of the Superior Court of the District of Columbia, 500 Indiana Ave. NW, Suite 5000, Washington, DC 20001.**
3. The completed Application must be accompanied by:
 - Proof of current residence in the District of Columbia
 - Valid photo identification
 - Other Supporting Documentation
4. Applicants must be current residents of the District of Columbia, regardless of where they were born.
5. The following are some examples of what may be accepted to establish DC residency:
 - Lease
 - Utility Bill (water, gas, electric, oil, or cable) issued within the last 60 days
 - Telephone Bill issued within the last 60 days
 - DC Property Tax Bill issued within the last 12 months
 - Letter with picture from Court Services and Offender Supervision Agency (CSOSA) or DC Department of Corrections verifying the Applicant's name and residence
 - Pay stub or W-2
 - Home Security System Bill issued within the last 60 days
 - Supplemental Security Income benefits notification issued within the last 12 months
 - Bank Statement issued within the last 60 days
6. When determining residency, the Court may require additional supporting documentation.
7. The following are examples of additional supporting documentation that the court may require:
 - An original or certified copy of Applicant's birth certificate
 - Marriage certificate
 - Divorce decree
 - Previous name change orders
 - Certificate of citizenship
 - Certificate of naturalization
 - School Records

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

8. Valid photo identification may not be expired and may include:
 - Driver license
 - ID card
 - Passport
9. Certified translations must be submitted for all foreign language documents. The translator must certify that she/he/they is competent to translate and that the translation is accurate.
 - The certification format must include the translator's name, signature, address, and date of certification.
 - A suggested format is:

Certification by Translator

I [typed name], certify that I am fluent (conversant) in the English and [enter appropriate language] languages, and that the above/attached document is an accurate translation of the document attached entitled [enter title of document].

- Signature
 - Typed Name
 - Date
 - Address
 - Phone number
 - Email
10. The Deputy Clerk will make copies of all documents submitted for the court record and will return all originals or certified copies to the Applicant.
 11. The cost the filing and Application for Change of Name of an Adult is \$60.00 Payment may be made by cash; credit card; check or money order made to "Clerk of the Courts". If you cannot pay, you can ask the Court to **waive this fee** by filling out a form (called Application to Waive Court Costs and Fees).
 12. The Applicant must provide the reason(s) for a change of name.
 13. The Applicant will be provided with an Order and Notice of Final Hearing date and time.
 14. The Applicant must serve a copy of the Application and the Order and Notice of Final Hearing on all creditors and on each interested party as designated by the Court. Service must be by personal service or by registered/certified mail, return receipt requested.
 15. Examples of creditors include, but are not limited to:
 - Landlords to whom applicant makes rent payments
 - Utility Companies including gas, water and electricity providers
 - Lenders on mortgages, car purchase loans, student loans, financing company loans or any other loan
 - Credit Card Companies (even if there is a zero balance)
 - Store charge accounts
 - Insurance companies to whom applicant makes premium payments
 - Telephone companies with whom applicant has a landline or cell phone account

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

- Providers of internet and cable TV services
 - Banks or credit unions with which applicant has a checking or savings account, or outstanding loan
 - Hospitals, doctors, dentists, contractors, lawyers, accountants or others to whom applicant owes money for services rendered
 - Any state or federal tax department to whom applicant owes money for unpaid taxes
16. Before the Final Hearing, the Applicant must file an Affidavit/Declaration of Service for each interested party and creditor showing proof of delivery of the application and Order and Notice of Final Hearing. The Applicant must include any return receipts or U.S. Postal Service tracking numbers/information. Examples of proof of delivery are the signed green return receipt (Form 3811) which includes the tracking number of the certified or registered letter, or a screenshot or printout from the U.S. Postal Service's website (www.USPS.com) showing the letter with that tracking number was delivered.
17. Even if the Applicant's credit card company has issued a credit card in the Applicant's requested name, the Applicant still must notify this creditor of the requested name change by registered/certified mail (return receipt requested) and must file an Affidavit/Declaration of Service prior to the Final Hearing showing proof of delivery.
18. If the Applicant has been convicted of a felony, or is on probation, parole, or supervisory release in any jurisdiction, including the District of Columbia, the Applicant must serve the appropriate law enforcement and/or supervisory agencies or officials, either personally or by registered/certified mail (return receipt requested). An affidavit/Declaration of service showing proof of delivery must be filed before the Final Hearing.
19. If the Applicant is currently incarcerated, but was a resident of the District of Columbia immediately prior to incarceration, a name change application may be processed remotely. Residency prior to incarceration must be established through supporting documentation. Examples of supporting documentation are: a letter from the Applicant's current case worker explaining their residency status prior to incarceration, or copies of documents from their criminal case showing the Applicant's address prior to incarceration. Applications should be mailed to the **Civil Actions Branch of the Superior Court of the District of Columbia, 500 Indiana Ave. NW, Suite 5000, Washington, DC 20001**. Additional information or notifications may be required by the Court. The Final Hearing will be conducted by video or telephone conference and coordinated with the appropriate facility.
20. If the Applicant has an ongoing bankruptcy case, or has been the subject of a bankruptcy, receivership, or insolvency proceeding, the Applicant must notify the appropriate bankruptcy court personally or by registered/certified mail (return receipt requested). An Affidavit/Declaration of Service showing proof of delivery must be filed prior to the Final Hearing. When filing the Application for Change of Name of an Adult, the Applicant must file a copy of the Discharge Order, if one exists.
21. If the Applicant has an ongoing immigration case, the Applicant must notify the appropriate agency or court personally or by registered/certified mail (return receipt requested). An

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

Affidavit/Declaration of Service showing proof of delivery must be filed prior to the Final Hearing.

22. If the Applicant fails to notify an interested party or appear for the Final Hearing, the Application for Change of Name of an Adult may be denied and dismissed without prejudice.
23. If any person desires to oppose the Application for Change of Name of an Adult, that person or their attorney must be present at the Final Hearing or must file a written detailed objection at least five (5) business days in advance of the Final Hearing. If a written objection is filed, it also must be served on the Applicant or Applicant's counsel.
24. The approval of the Application for Change of Name of an Adult requires a Final Hearing which will be held in remote courtroom 400.
25. If an Application for Change of Name of an Adult is granted, the applicant will be provided at least five (5) certified copies of the Order for Name Change of an Adult. Requests for additional copies as appropriate may be made at the Final Hearing.

APPLICATION FOR CHANGE OF NAME OF AN ADULT

Case Number: _____

Applicant's Current Full Legal name: _____

Applicant's Current Name Being Used (Same as above or):

Permanent Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Pursuant to Superior Court Civil Rule 205 and DC Code §§ 16-2501, 2503

I, Applicant, respectfully represent to the court:

1. I am an adult born on the _____ day of _____, _____ in _____.

2. I presently reside at (same as above or): _____

3. I am seeking a change of name to: Ryan for the following
reason(s): _____

4. Social Security Number: _____

5. Occupation: _____

6. Father's full name: (As it appears on Applicant's Birth Certificate)

Mother's full name: (As it appears on Applicant's Birth Certificate)

Other Parent's full name: (As it appears on Applicant's Birth Certificate)

7. Has your name previously been changed? Yes or No (If yes, give all previous name(s), all
name changes, and the date(s), place(s), and reason(s)).

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

8. Have you been known by or used a name other than the name you desire to assume? Yes or No (If yes, give all such name(s), date(s), place(s), and reason(s)).

9. Are there any Child Support Orders, in any jurisdiction, that may be affected by the requested change of name? Yes or No.

- Case Number(s): _____ State(s): _____
- Case Number(s): _____ State(s): _____
- Case Number(s): _____ State(s): _____
- Case Number(s): _____ State(s): _____
- Case Number(s): _____ State(s): _____

10. Are you involved in any ongoing court case(s), including immigration proceedings? Yes or No (If yes, give case number(s), case caption(s), state(s), name(s) of court(s), and type of case.

11. Is there any open or closed court case involving a decedent's estate, probate matter, guardianship, conservatorship, trust, heirship, fiduciary power, patent, trademark, copyright, goodwill, privacy, partnership, corporation or other person, entity or proceeding that may be affected by the requested change of name? Yes or No (If yes, give case number(s) name of person(s) or business(es) involved, state(s), name of court(s), and type of case.

12. Is there any open or closed administrative or public agency proceeding that may be affected by the proposed change of name? Yes or No (If yes, give case number(s), name of agency(ies), and type of proceeding(s).

13. Have you ever been the subject of a bankruptcy, receivership, or insolvency proceeding? Yes or No (If yes, give case number(s), state(s), name of court(s), and type of proceeding(s).

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

14. Have you ever been convicted of a felony in any jurisdiction? Yes or No (If yes, give case number(s), state(s), name of court(s) and the criminal offense(s).

15. Are you on probation, parole, or supervised release in any jurisdiction? Yes or No (If yes, give specifics including the supervising agency, name, telephone number, and address for the person to whom you report.)

16. Are you currently registered or required to register as a sex offender in any jurisdiction? Yes or No (If yes, give specifics including the state(s), name(s), and address(es) for the agency(ies) maintaining the registry(ies)).

17. Are you currently registered or required to register as a gun offender in any jurisdiction? Yes or No (If yes, give specifics including the state(s), name(s), and address(es) for the agency(ies) maintaining the registry(ies)).

18. Has a Judgment or Decree ever been entered against you in any jurisdiction? Yes or No (If yes, has the Judgment or Decree been paid or satisfied?) Yes or No (Give the case, number(s), date(s), state(s), and circumstances).

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

19. List the name and address of all of Applicant's current creditors. A creditor is any person or company to which the Applicant currently owes money or to which Applicant makes payments on accounts, even if the present account balance is zero. Creditors include, but are not limited to, the following:

- Landlords to whom Applicant makes rent payments
- Utility Companies including gas, water and electricity providers
- Lenders on mortgages, car purchase loans, student loans, financing company loans or any other loan
- Credit Card Companies (even if there is a zero balance)
- Store charge accounts
- Insurance companies to whom Applicant makes premium payments
- Telephone companies with whom Applicant has a landline or cell phone account
- Providers of internet and cable TV services
- Banks or credit unions where Applicant has a checking or savings account
- Hospitals, doctors, dentists, contractors, lawyers, accountants or others to whom Applicant owes money for services rendered
- Any state or federal tax department to whom Applicant owes money for unpaid taxes

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

THE APPLICANT HEREBY CERTIFIES THAT (1) THIS APPLICATION HAS NOT BEEN FILED FOR ANY FRAUDULENT OR UNDISCLOSED PURPOSE AND (2) THE GRANTING OF THE APPLICATION WILL NOT INFRINGE UPON THE RIGHTS OF OTHERS RELATING TO ANY PARTNERSHIP, CORPORATION, PATENT, TRADEMARK, COPYRIGHT, GOODWILL, PRIVACY OR OTHERWISE.

I, the Applicant, declare under penalty of perjury under the law of the District of Columbia that the foregoing is true and correct.

Executed on this the _____ day of _____, 20____.

Signature of Applicant: _____

APPLICATION FOR CHANGE OF NAME FOR AN ADULT



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
Civil Division – Civil Actions Branch
500 Indiana Avenue, NW, Suite 5000, Washington, DC 20001
(202) 879-1133 | www.dccourts.gov

Case No. _____

IN THE MATTER OF

NEXT EVENT:
Show Cause Hearing
_____, ____:____ AM/PM
Judge-in-Chambers

ORDER AND NOTICE OF FINAL HEARING

Pursuant to Civil Rule 205 and DC Code §§ 16-2501, 2503

Case Number: _____

Upon consideration of the Application for Change of Name of an Adult, filed by
_____ on _____ requesting
an order changing Applicant's name to _____,
it is by the Court this _____ day of _____, 20____, hereby

ORDERED that the Final Hearing on this Application for Change of Name of an Adult will be held in courtroom 400 of the Superior Court of the District of Columbia, 500 Indiana Ave. NW, Washington, DC 20001, on the _____ day of _____, 20____, at _____ am/pm.

If any person desires to oppose this Application, that person or their attorney must be present at the Final Hearing, or file a written detailed objection with the Civil Actions Branch of the Superior Court of the District of Columbia, 500 Indiana Ave. NW, Suite 5000, Washington, DC 20001 five (5) business days in advance of the hearing and serve a copy on the Applicant or Applicant's counsel; and it is further

ORDERED that the Applicant must serve the Application for Change of Name of an Adult and this Order and Notice of Final Hearing personally or by registered/certified mail (return receipt requested), and file proof of delivery with the Court, on the following:

Check all that apply:

- ☐ Applicant's creditors
- ☐ DC Metropolitan Police Department
- ☐ DC Department of Corrections
- ☐ Court Services and Offender Supervision Agency
- ☐ Applicant's current probation, parole, or supervisory release officer and case numbers
- ☐ Appropriate law enforcement agencies or officials in _____
- ☐ Bankruptcy court _____

Revised December 2023

APPLICATION FOR CHANGE OF NAME FOR AN ADULT

- ☐ Immigration Agency/court _____
- ☐ Any past or present Federal, State, or District of Columbia cases or administrative case numbers
- ☐ Other: _____

Judge's Signature: _____

Judge's Name: _____

AFFIDAVIT/DECLARATION OF SERVICE BY MAIL

(For Adult Name Change)

Case Number: _____

Applicant's Current Full Legal Name:

Instructions: In order to grant your change of name application, you must provide the Court with proof that your certified or registered letter enclosing a copy of the application and the notice of hearing was actually delivered to your creditors and other interested parties, not simply that it was mailed to them. To provide that proof, take the following actions:

A. When you go to the U.S. Post Office to send your certified or registered letter, tell the postal clerk that you want to request a return receipt for that letter. The clerk will provide you with a green form (Postal Service Form 3811) to fill out and attach to the letter. That form will have a USPS Tracking Number in the upper left part of the side on which you print your names and address.

B. You can then use that Tracking Number to prove, in either one of the following two ways, that your letter was delivered to the creditor:

1. When the green return receipt (Form 3811) arrives in your mail, attach that form to your Affidavit/Declaration of Service, state in your Affidavit/Declaration that the receipt has the Tracking Number of the certified or registered letter you mailed to a particular creditor (give the creditor's name), and submit the Affidavit/ Declaration to the Court.

[OR]

2. If you have not received the green return receipt within two weeks of mailing the letter, you may go to the U.S. Postal Services website (www.usps.com), enter the Tracking Number, and be taken to a screen that will show whether the letter with that tracking number has been delivered. If delivery has occurred, take a screen shot of the page showing delivery of your letter, attach that screen shot to your Affidavit/Declaration of Service and state in the Affidavit/Declaration that the Tracking Number shown as delivered is the Tracking number of the certified or registered letter you mailed to a particular creditor (give the creditor's name). Then submit the Affidavit/Declaration to the Court.

AFFIDAVIT/DECLARATION OF SERVICE BY MAIL

(For Adult Name Change)

I, _____, Applicant/Applicant's counsel, being duly sworn, state that my address is _____.

I further swear that I served the order and notice of Final Hearing and the Application for Change of Name of an Adult on the person(s) named below by placing in an official depository of the United States Postal Service a copy of the Notice of Final Hearing and the Application to Change Name in an envelope, postage prepaid by certified or registered mail. I further swear that I have attached the return receipts from the person(s) listed below.

Name(s) of Person(s) Served	Address	Date Mailed / Date Delivered
_____	_____	_____/____
_____	_____	_____/____
_____	_____	_____/____
_____	_____	_____/____
_____	_____	_____/____
_____	_____	_____/____
_____	_____	_____/____
_____	_____	_____/____

Applicant's Signature: _____

Telephone Number: _____

OR

Applicant's Counsel's Signature: _____

Telephone Number: _____

I declare under penalty of perjury under the law of the District of Columbia that the foregoing is true and correct. Executed on this the ____ day of _____, 20__.

Affiant's Signature: _____

AFFIDAVIT/DECLARATION OF PERSONAL SERVICE

(For Adult Name Change)

Case Number: _____

Applicant's Current Full Legal name: _____

I, _____, age 18 or older, residing or working at _____, with telephone number(s) _____ of _____ am not a party and have no interest in this case.

On _____, 20____, at _____ AM/PM I served a copy of the Application for Change of Name of an Adult and Order and Notice of Final Hearing personally on _____.

Below, you must set forth specific facts from which the Court can determine that process was served as indicated above, including a physical description (approximate age, height, weight) of any person on whom service was made:

Process Server: _____

I declare under penalty of perjury under the law of the District of Columbia that the foregoing is true and correct. Executed on this the ____ day of _____, 20____.

Affiant's Signature: _____

APPLICATION FOR CHANGE OF NAME FOR AN ADULT



SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
Civil Division – Civil Actions Branch
500 Indiana Avenue, NW, Suite 5000, Washington, DC 20001
(202) 879-1133 | www.dccourts.gov

IN THE MATTER OF _____

Case No. _____

ORDER FOR CHANGE OF NAME

Pursuant to Civil Rule 205 and DC Code §§ 16-2501, 2503

Case Number: _____

Upon consideration of the Application for Change of name of an Adult, and the entire record herein, it is by the Court this _____ day of _____, 20____, hereby

ORDERED, that _____ (first, middle, last names)
Shall be known as _____.

The clerk shall send copies of this order to:

- ☐ DC Metropolitan Police Department
- ☐ DC Department of Corrections
- ☐ Court Services and Offender Supervision Agency
- ☐ Other: _____

Judge's Signature _____

Judge's Name _____