

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
Superior Court Division
Before The Clerk

_____ County

IN THE MATTER OF THE CHANGE OF NAME

APPLICATION FOR ADULT NAME CHANGE

G.S. 101-2, -3, -4, -5, -6

OF:	<i>True Name (First, Middle, Last format)</i>	
TO:	<i>Name Sought (First, Middle, Last format)</i>	
		<i>Name And Address Of Applicant's Attorney (if applicable)</i>

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

No Yes: (explain)

NOTE TO APPLICANT: This form application is intended to assist an applicant applying for a name change under Chapter 101 of the General Statutes who intends to change the name listed on his or her birth certificate.

APPLICATION

I, undersigned applicant, apply to this court, seeking to change my name ('True Name') to the name sought listed above ('Name Sought').

In support of this Application, I state the following:

- I, the applicant was born on (date) _____ in (county) _____, (state) _____.
- The full name of my parent(s) as shown on my birth certificate is/are
Parent 1. _____ Parent 2. _____
- I am at least eighteen (18) years of age and I am a bona fide resident of, and domiciled in, _____ County.
- I am not a sex offender who is registered in accordance with Article 27A of Chapter 14 of the General Statutes.
- I (select at least one)
 - published at the courthouse door the pre-application notice that I am seeking a name change, and this application is being filed at least ten (10) days after the giving of that notice.
 - should be exempted from the pre-application notice requirement and these proceedings should be kept out of the public record, on the basis that I am a participant in the address confidentiality program under Chapter 15C of the General Statutes .
 - should be exempted from the pre-application notice requirement and these proceedings should be kept out of the public record, on the basis that I am a victim of domestic violence, sexual offense, or stalking. (Attach or otherwise provide evidence to the Court that you are a victim – this may include law enforcement, court, or other federal or state agency records or files, and in the case of victims of domestic violence, it may include documentation from a program receiving funds from the Domestic Violence Center Fund.)
- I (select one)
 - have no outstanding tax obligations.
 - have the following outstanding tax obligations: _____
- I (select one)
 - have no outstanding child support obligations.
 - have the following outstanding child support obligations: _____
- My name (select one)
 - was not previously changed by law.
 - was previously changed by law, and these are the circumstances of that change: (provide facts with respect to prior name change(s)) _____

APPLICATION (continued)

9. I am applying for a change of name for the following reasons: *(provide facts and considerations in support of name change)*

NOTE TO APPLICANT: *In support of your application, you should submit to the clerk the results of a state and national criminal history record check conducted by the State Bureau of Investigation, the Federal Bureau of Investigation, or a Channeler approved by the Federal Bureau of Investigation. G.S. 101-5(a)(2). You should also submit proof of good character, which proof must be made by at least two citizens of the county who know you. G.S. 101-4.*

If you have questions about how to obtain this criminal history record check, ask the clerk of superior court.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	Name Of Applicant (type or print)	
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	