

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>

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:

1. I, the applicant was born on (date) _____ in (county) _____, (state) _____.
2. The full name of my parent(s) as shown on my birth certificate is/are
Parent 1. _____ Parent 2. _____
3. I am at least eighteen (18) years of age and I am a bona fide resident of, and domiciled in, _____ County.
4. I am not a sex offender who is registered in accordance with Article 27A of Chapter 14 of the General Statutes.
5. 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.)
6. I (select one)
 - have no outstanding tax obligations.
 - have the following outstanding tax obligations: _____
7. I (select one)
 - have no outstanding child support obligations.
 - have the following outstanding child support obligations: _____
8. 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)) _____

(Over)

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	