26th Judicial District
SelfServe Center

NAME CHANGE
ADULT

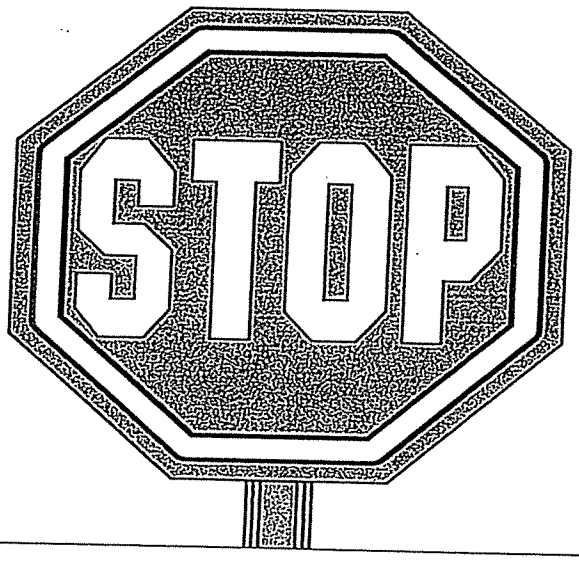
DUE TO THE CHANGING NATURE OF THE LAW, the forms and instructions contained in this packet may become outdated. You should review and research statutes and rules of procedure referenced in the instructions to ensure that the forms are accurate and current.

IN NO EVENT will the SelfServe Center Staff, Clerk of Court or anyone contributing to the production of these forms, instructions or guidelines be liable for any indirect or consequential damages resulting from use of the forms or information provided to you by the SelfServe Center.

IF THERE ARE ANY QUESTIONS in your mind concerning these forms, or your legal rights, it is strongly recommended that you consult with an attorney.

USE THESE FORMS AT YOUR OWN RISK. THESE FORMS MAY OR MAY NOT BE APPROPRIATE IN YOUR PARTICULAR CASE. ANY DESIRED OUTCOME FROM THE USE OF THESE FORMS CANNOT BE PREDICTED OR GUARANTEED. IT IS STRONGLY RECOMMENDED THAT YOU SEEK LEGAL ADVICE!

The filing fee for this action is: _____



PLEASE CAREFULLY READ THE FORMS AND INSTRUCTIONS CONTAINED IN THIS PACKET.

IF YOU HAVE ANY QUESTIONS, PLEASE CONSULT WITH AN ATTORNEY.

THESE ARE EDUCATIONAL FORMS DESIGNED TO ASSIST YOU, BUT YOU ARE REPRESENTING YOURSELF. PLEASE REVIEW AND FOLLOW THE DIRECTIONS TO IMPROVE YOUR PERFORMANCE IN YOUR CASE. FAILURE TO READ AND FOLLOW THE INSTRUCTIONS MAY ADVERSELY IMPACT YOUR CLAIM.

INTRODUCTION

What is this?
This packet of information is provided for individuals who wish to pursue a case without the assistance of an attorney. This is called a *pro se* or self represented case. If you are not sure that you want or need to go to court, please ask the SelfServe Center staff to direct you to numbers for lawyer referral services or the list of local attorneys willing to provide "unbundled services" (*willing to represent you for a limited portion of your case on an hourly fee basis*).

How will it help me?
If you do not plan to use an attorney, this packet will guide you through the process by providing the forms and filing instructions that you will need. Since you are representing yourself, it is YOUR responsibility to ensure that these are the correct and current forms for the nature of your case. Therefore, you should review and research the *applicable laws* and *rules of procedure* that apply to your type of case. If you are not able to do this, you should talk with an attorney. If at any point during the process you become confused or wish to proceed with the help of an attorney, contact the Mecklenburg County Bar Lawyer Referral Service (704) 375-0120 or the North Carolina Bar Lawyer Referral Service (800) 662-7660. The SelfServe Center also maintains a list of attorneys willing to provide "unbundled services."

What does this mean?
Certain legal terms will be used throughout your proceeding. A complete legal glossary is available for your convenience in the SelfServe Center. If you still do not understand the term, consult a legal dictionary or the SelfServe Center staff. Staff CANNOT provide legal advice, but can provide procedural information and definitions of legal terms.

What is a Name Change?
The packet available in the SelfServe Center allows a party to petition the court to legally change his/her name on their birth certificate.

Can or should I petition the court for a Name Change?
Please note that the SelfServe Center CANNOT provide legal advice. Therefore, we cannot tell you if you should petition, but we can tell you that you must follow the procedure explained in the following pages.

What do I do first?

1. READ THROUGH THE ENTIRE PACKET BEFORE DOING ANYTHING.

   a. Next, you must go to the Sheriff's Department and have their fingerprints taken. Any adult wishing to change their name must go to the Permits Bureau Office of the Sheriff's Department which is located at 700 E. 4th Street, Charlotte, NC 28202. The building is in between the Government Center and the County and Courts Office Building.

   b. The fingerprint service is available Monday through Friday from 8 a.m. to 5 p.m. The cost is **$10.00**, payable in the form of cash or money order, certified check, or debit card and all major credit cards. You will be asked to fill out a card which will be provided by the Sheriff's Office.

   c. **An original fingerprint card is required for the State Criminal Record Check and an original fingerprint card required for the Federal Criminal Record Check.**

- **You must request ink fingerprinting for the Federal Criminal Record Check.**

2. **State Bureau of Investigation (SBI)** procedures for requesting a Criminal Record Check.

An individual may obtain a copy of his or her criminal history record by submitting a written request to the:

North Carolina State Bureau of Investigation
Criminal Information and Identification Section
Attention: Application Unit – Right to Review
3320 Garner Road
Post Office Box 29500
Raleigh, North Carolina 27626-0500

The right to review request form must be accompanied by a **certified check or money order ($14.00** fee for each request) payable to the North Carolina State Bureau of Investigation, and must contain proof of identity to include:

1. Complete name and address
2. Race
3. Sex
4. Date of Birth
5. Social Security Number – Optional

- This can be done by providing a copy of your North Carolina Driver's License and your Birth Certificate.

This procedure guarantees positive identification and ensures that the individual receives a copy of his or her own record as currently maintained in the SBI computerized criminal history files.

For more information on how to obtain an acceptable criminal record check you may go to the following web addresses to each applicant or print the information on each website and provide a hard copy to each agency.

https://www.ncdps.gov/div/SBI/Forms/SBIRight-to-review.pdf (State Criminal Record Check)

3. **Federal Bureau of Investigation (FBI)** procedure for requesting a Criminal Record Check.

   Only you can request a copy of your Identification Record.

Individuals typically make this request for personal review, to challenge the information on record, to satisfy a requirement for adopting a child in the U.S. or internationally, or to satisfy a requirement to live, work, or travel in a foreign country (i.e., police certificate, letter of good conduct, criminal history background, etc.).

If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency. You should contact the agency requiring the background check or the appropriate state identification bureau (or state police) for the correct procedures to follow for obtaining an FBI fingerprint background check for employment or licensing purposes.

Step 1: Complete the Applicant Information Form. To access the form, go to https://forms.fbi.gov/identity-history-summary-checks-review/q384893984839334.pdf.

- Include your complete mailing address. Please provide your telephone number and/or e-mail address, if available.

Step 2: Obtain a set of your fingerprints.

- Provide the original fingerprint card. Previously processed cards or copies will not be accepted.

- Your name and date of birth ***must be*** provided on the fingerprint card. Fingerprints should be placed on a **standard fingerprint form (FD-258)** commonly used for applicant or law enforcement purposes. The standard fingerprint form can be obtained from http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/fd-258-1.

- Include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions).

- If possible, have your fingerprints taken by a fingerprinting technician. This service may be available at a law enforcement agency.

- To ensure the most legible prints possible, refer to the **Recording Legible Fingerprints brochure.** To access the brochure, go to http://www.fbi.gov/about-us/cjis/fingerprints_biometrices/recording-legible-fingerprints.

Step 3: Submit payment.

- Option 1: Obtain a money order or cashier's check for **$18.00** U.S. dollars made payable to the Treasury of the United States. Please be sure to sign where required.

- Option 2: Pay by credit card using the **Credit Card Payment Form. Don't forget to include the expiration date of the credit card that you are using.** To access credit card payment form, go to http://fbi.gov/about-us/cjis/identity-history-summary-checks/credit-card-payment-form.

- **Important note:** Cash, personal checks, or business checks **WILL NOT** be accepted.

- Payment must be for the exact amount.

- If the request is for multiple copies per person, include **$18.00** for each copy requested.

Step 4: Review the **FBI Identification Record Request Checklist** to ensure that you have included everything needed to process your request. To obtain the checklist, go to http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/identity-history-summary-request-checklist-1.

Step 5: Mail the required items listed above—signed applicant information form, fingerprint card, credit card payment form (if applicable), and payment of $18.00 for each person or copy requested—to the following address:

FBI CJIS DIVISION – RECORD REQUEST
1000 Custer Hollow Road
Clarksburg, WV 26306

Note: Although the FBI employs the most efficient methods for processing these requests, processing times may take up to 12-14 weeks depending on the volume of requests received.

For more information on how to obtain an acceptable criminal record check, you may go to the following address.

http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks
(Federal Criminal Record Check)

4. **FBI-Approved Channelers** provide expedited responses to criminal record checks. Unlike FBI requests that can take up to 12-14 weeks, FBI-Approved Channelers can process your request within 5 days.

FBI-Approved Channelers are private businesses that are contracted with the FBI to receive fingerprint submission and relevant data, collect associated fees, electronically forward the fingerprint submission with the necessary information to the **FBI CJIS Division** for a national Identity History Summary check, and receive the electronic summary check result for dissemination to the individual. For a list of FBI-Approved Channelers, go to http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/list-of-fbi-approved-channelers.

Contact each Channeler for processing times and fees.

List of FBI-Approved Channelers

3M Cogent Systems
www.cogentid.com
(626) 325-9600

Accurate Biometrics
www.accuractebiometrics.com
(773) 685-5699
Fee: $50 and Up
Process Time: As Quick as 24 Hours

Biometrics4All, Inc.
www.applicantservices.com
(714) 568-9888

Daon Trusted Identity Services, Inc.
www.daontis.com/fl/index.html
(703) 797-2562
Process Time: 48-72 Hours

Fieldprint, Inc.
www.fieldprint.com/FBI
(877) 614-4364
Fee: $50 Flat Rate

Inquiries, Inc.
www.inquiriesinc.com
(866) 987-3767
Fee: $45 and Up
Process Time: 48 Hours

MorphoTrust
www.identoGO.com/FBICheck
(877) 783-4187
Fee: $45
Process Time: 48-72 Hours

National Background Check, Inc.
www.nationalbackgroundcheck.com
(877) 932-2435
Fee: $50

National Credit Reporting
www.myFBIreport.com
(800) 441-1661
Process Time: 48 Hours

SureID, Inc.
www.sureid.com
(855) 531-5827

Telos Identity Management Solutions, LLC
https://enroll.idvetting.com
(800) 714-3557
Fee: $50

TRP Associates, LLC dba ID Solutions
www.trpassociates.net
(877) 885-1511

VetConnex
www.vetconnex.com
(952) 224-8656
Process Time: 24 Hours

IMPORTANT REMINDERS BEFORE YOU BEGIN

Your case involves complicated legal issues! This packet describes the general process but it is impossible to cover everything that may affect your rights. If you get confused during the process, you should stop and seek advice from an attorney. The staff of the SelfServe Center, Clerk of Court, Judge, or Trial Court Administrator's Office CANNOT GIVE YOU LEGAL ADVICE! PLEASE...if you are thinking of contacting an attorney, do so as soon as possible. Waiting could decrease your chances of obtaining representation.

Lawyer Referral Services:
Mecklenburg County Bar Lawyer Referral Service: (704) 375-0120 or
www.meckbar.org
North Carolina Bar Lawyer Referral Service: (800) 662-7660

GENERAL INSTRUCTIONS

ATTENTION: DO NOT use these forms to change your name as part of a divorce (resumption of maiden name), adoption or paternity matter

Forms located in this packet

- **Right to Review Request Form (SBI)**
- **Records Check Request Checklist (FBI)**
- **Applicant Information Form (FBI)**
- **Credit Card Payment Form (FBI)**
- **Notice of Intent to File Name Change**
- **Petition for Name Change**
- **Two (2) Affidavits of Character**
- **Affidavit Regarding Outstanding Tax or Child Support Obligation**

STEP 1

Complete the **Notice of Intent to File Name Change** form. Please take this form to the Clerk of Court-Special Proceedings Department at the Mecklenburg County Courthouse, 832 E. Fourth Street, Room, 3720.

STEP 2

Your **Notice of Intent to File Name Change** will be posted by the Clerk of the Court on the bulletin board in the Mecklenburg County Courthouse (832 E. Fourth Street) for ten (10) consecutive calendar days, as required by North Carolina statute. If the 10th day is a holiday or weekend, it must stay posted until the end of the next business day.

STEP 3

Complete the **Petition for Name Change** by typing or printing *neatly* using black ink. Please note that this form MUST be notarized.

STEP 4

As an adult wishing to change your name, you must have two (2) **Affidavits of Character** from **RESIDENTS OF MECKLENBURG COUNTY** who **ARE NOT RELATED** to you. Each **Affidavit** MUST be notarized.

STEP 5

Complete the **Affidavit Regarding Outstanding Tax or Child Support Obligation** by typing or printing neatly using black ink. Please note that this form MUST be notarized.

STEP 6

When the **Notice of Intent to File Name Change** has been posted for 10 full, consecutive calendar days please find it on the bulletin board (between the escalator and the elevators) on the first floor of the Mecklenburg County Courthouse and take it to the Clerk of Court –Special Proceedings Department in Room 3720.

ATTENTION: You will need to bring with you the following documents when filing the Notice of Intent to File Name Change:

- State Bureau of Investigation Criminal Record Check
- Federal Bureau of Investigation Criminal Record Check
- Petition for Name Change
- Two (2) Affidavits of Character
- Affidavit Regarding Outstanding Tax or Child Support Obligation
- Birth Certificate (Certified Copy)
- Proof of Identification (driver's license, passport)

- **Proof of Residency – Documents with your name and current address (utility bill, phone bill, cable bill)**
- **Filing fee in cash or money order**

ATTENTION: All name changes are subject to a hearing. Even if all your documents have been filled out correctly, filed and the filing fee paid, your request to change the name of your minor child may be denied.

Please provide a self addressed stamped envelop, if you would like a copy of the order to be mailed to you.

The clerk's office cannot notify parties when their order has been entered, so if you want a copy mailed to them you must include the self addressed, stamped envelope.

After you have the order that changes the name, you may need to change the name on public and private records including:

a. Social Security Card
b. Drivers License
c. Passport
d. Post Office
e. IRS
f. Voter Registration
g. Banks
h. Credit Cards
i. Doctors
j. Insurance Companies
k. State Tax Authority
l. Clubs
m. Memberships
n. Employer
o. Retirement Plans

You may also need to change your name on the following documents:

a. Will
b. Health Care Proxy
c. Living Will
d. Trust
e. Power of Attorney
f. Contracts

NORTH CAROLINA

STATE BUREAU OF INVESTIGATION

P.O. BOX 29500
Raleigh, NC 27626-0500

ROY COOPER
GOVERNOR

BOB SCHURMEIER
DIRECTOR

INSTRUCTIONS

MAIL all required items below (1-3) **to the SBI at the address shown — US Mail only is accepted.**
▸ NO PERSONAL DELIVERY PERMITTED

1. **Obtain a set of your fingerprints** at your local law enforcement agency (police department or sheriff's office) on a FD-258 Applicant Fingerprint Card. Give page 4 of this packet to the law enforcement officer who takes your fingerprints. ▸ **DO NOT FOLD FINGERPRINT CARD into mailing envelope**

2. **Include certified check OR money order ($14.00** fee for each request) payable to the NC State Bureau of Investigation. Do not endorse the back of certified check or money order. Multiple requests may be submitted in one envelope. ▸ **NO CASH ACCEPTED and NO PERSONAL CHECKS ACCEPTED**

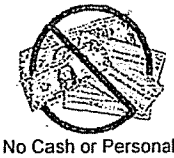
3. **Complete Request Form** below. Make a copy for your personal records and mail original form to the SBI.
   ▸ *If any required items (1-3) are missing or incomplete, your request will be returned to you.* ◂

SEND BY US MAIL to:

NC State Bureau of Investigation
Criminal Information and Identification Section
Attention: Applicant Unit — Right to Review
Post Office Box 29500
Raleigh, NC 27626-0500

Request Form – Right to Review

TYPE FILLABLE FORM BELOW -OR- PRINT COPY & CLEARLY PRINT



No Cash or Personal Checks Accepted

Applicant's Full Name: _____ Date: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Date of Birth: _____ Sex: *(Check X one)* ☐ Male ☐ Female Race: _____

Reason for Request: _____

Requests accepted by US Mail only. The results are sent directly to you by first-class US Mail.
The SBI does not use companies such as Federal Express-Overnight or UPS Shipping.
Do not send a prepaid envelope as it will be returned to you with your request.

> THE SBI CANNOT SEND RESULTS TO A THIRD PARTY <

For further questions, please call the SBI at (919) 582-8600.

1-785 (Rev. 5-22-2014)

Did You Remember To...?

Please check the boxes below to ensure that you have included everything needed to process your request.

- ☐ Include a **completed** application form.
- ☐ Sign your application. *Note: If for a couple, family, etc., all must sign the application.*
- ☐ Include a **completed** fingerprint card. A completed fingerprint card includes the following:
  - ☐ 1. Name
  - ☐ 2. **Date of Birth**
  - ☐ 3. Descriptive Data
  - ☐ 4. All 10 rolled fingerprint impressions.
  - ☐ 5. The plain impressions including thumbs of both hands.
- ☐ Include a credit card payment form, certified check*, or money order for **$18.00** per request.
  Note: This amount must be exact.
- ☐ If using a credit card, please ensure the credit card payment form is filled out completely.
  Don't forget to include the expiration date of the credit card that you are using.
- ☐ If paying with a certified check or money order, make it payable to the **Treasury of the United States.**

CASH OR PERSONAL/BUSINESS CHECKS
ARE NOT AN ACCEPTED FORM OF PAYMENT.

- ☐ **Include a form of contact information (i.e., e-mail, telephone number) in case we need to contact you.**

**To issue a certified check, the bank verifies that sufficient funds exist in the requestor's account to cover the check and so certifies payment at the time the check is written. Those funds are then set aside in the bank's internal account until the check is cashed or returned to the payee.*

I-783 (Rev. 04-02-2014)

OMB-1110-0052

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Applicant Information ***Denotes Required Fields***

*Last Name _____ *First Name _____

Middle Name 1 _____ Middle Name 2 _____

*Date of Birth: _____ *Place of Birth: _____ U.S. Citizen or Legal Permanent Resident: Yes ◯ No ◯

*Country of Citizenship: _____ Country of Residence: _____ Prisoner Number (if applicable): _____

*Last Four Digits of Social Security Number: _____

*Height: _____ *Weight: _____

*Hair *(please check appropriate box):*

☐ Bald ☐ Black ☐ Blonde/Strawberry ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Orange ☐ Pink
☐ Purple ☐ Red/Auburn ☐ Sandy ☐ Unknown ☐ White

*Eyes (please check appropriate box):

☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Multicolored ☐ Pink ☐ Unknown

pplicant Home Address

Address _____

City _____ *State _____

Postal (Zip) Code _____ *Country _____

hone Number _____ E-Mail _____

ail Results to Address

/O _____ ATTN _____

ddress _____

ty _____ State _____

stal (Zip) Code _____ Country _____

one Number (if different from above) _____

yment Enclosed: *(please check appropriate box)*

☐ CERTIFIED CHECK ☐ MONEY ORDER ☐ CREDIT CARD FORM

ason for Request:

☐ Personal review ☐ Challenge information on your record ☐ Adoption of a child in the U.S.
☐ International adoption ☐ Live, work, or travel in a foreign country ☐ Other

PPLICANT SIGNATURE _____ **DATE** _____

il the signed applicant information form, fingerprint card, and payment of $18 U.S. dollars to the following address:

FBI CJIS Division – Summary Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.

1-786 (1-31-10)

Credit Card Payment Form

* Denotes Required Fields

Applicant Name

* Name
(as it appears on credit card)
Company Name (if applicable)
* Billing Address
Billing Address 2
* City
* State/Province
* Postal (ZIP) Code
* Country

*** Credit Card #:**

* Expiration Date (MM/YYYY)
* Total Amount To Be Billed To Credit Card $
(x $18 US Dollars Per Request)

* Card Holder Signature _____

No Charge Backs or Refunds
All Sales Final

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE

BEFORE THE CLERK OF SUPERIOR COURT

_____ SP_____

IN RE: CHANGE OF NAME)

From:_____)
(Full name as shown on the birth certificate))

To:_____)
(Full name you desire to adopt)

NOTICE OF INTENT TO FILE NAME CHANGE

I hereby give notice of my intention to file a petition in the Office of the Clerk of Superior Court in and for Mecklenburg County, State of North Carolina, ten (10) days after the date of this Notice, requesting the Court to issue an Order changing my name

From: _____
(Full name as shown on the birth certificate)

To:_____
(Full name petitioner desires to adopt)

Dated:_____

Petitioner's signature_____

Petitioner's address_____

City_____ State_____ Zip Code_____

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

COUNTY OF MECKLENBURG

BEFORE THE CLERK OF SUPERIOR COURT
_____SP_____

IN RE: CHANGE OF NAME)
)
From: _____)
(Full name as shown on the birth certificate))
)
To: _____)
(Full name petitioner desires to adopt))

PETITION FOR NAME CHANGE (ADULT)

TO THE MECKLENBURG COUNTY CLERK OF SUPERIOR COURT:

Now comes the Petitioner, _____ and
(Petitioner's Full name as shown on the birth certificate)
petitions the Clerk of Superior Court pursuant to N.C.G.S. §§ 101-2 and 101-3 to enter an order changing their name.

In support of this petition, the Petitioner shows the clerk the following required information:

1. The Petitioner is at least 18 years old.

2. The Petitioner is a bona fide resident of, and domiciled in _____,
(County)
_____.
(State)

3. The Petitioner is seeking to change their name:

   From: _____
   (Petitioner's full name as shown on birth certificate)

   To: _____
   (Full name petitioner desires to adopt)

4. I was born in _____, _____, in _____,
(City) *(County)* *(State)*
on _____.
(Date of Birth)

5. The full name of the petitioner's parents as shown on the birth certificate are:

   Mother: _____

Father: _____

☐ check if not shown on the birth certificate.

6. The reasons for requesting said name change are as follows:

_____

_____

7. Check one of the following:

☐ My name has not previously been changed by law

☐ My name was previously changed by law for the following reasons:

_____

_____

THEREFORE, the Petitioner prays the Clerk will enter an order changing petitioner's name:

From: _____

(Full name as shown on the birth certificate)

To: _____

(Full name petitioner desires to adopt)

Respectfully submitted, this the _____ day of _____, 20___.

Petitioner's signature_____

Petitioner's address_____

City_____ State_____ Zip Code_____

VERIFICATION
(Must be signed in front of a Notary Public)

STATE OF NORTH CAROLINA)
)
COUNTY OF MECKLENBURG)

I, _____, being first duly sworn, depose and say that
(Petitioner insert full name here)
I have read the foregoing Petition and that facts therein are true to my belief and knowledge.

_____
(Petitioner's signature to be signed in the presence of a Notary Public)

Sworn to and subscribed before me this ____ day of _____, 20____.

_____
Notary Public

My commission expires: _____.

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE

BEFORE THE CLERK OF SUPERIOR COURT

_____ SP_____

IN RE: CHANGE OF NAME)
)
)
From:_____)
(Full name as shown on the birth certificate))
)
)
To:_____)
(Full name petitioner desires to adopt)

AFFIDAVIT OF CHARACTER

I, being duly sworn, depose and say:

1. I am a resident of Mecklenburg County, State of North Carolina.

2. I have known the Petitioner for _____ years. I personally know the Petitioner to be a person of good character and that the Petitioner has a reputation as a person with good character and good standing in the community.

Dated: _____

Signature: _____

Name: _____

Address: _____
_____
_____

Sworn to and subscribed before me this _____
Day of _____, 20___.

_____

Notary Public

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

IN THE GENERAL COURT OF JUSTICE

BEFORE THE CLERK OF SUPERIOR COURT
_____ SP_____

IN RE: CHANGE OF NAME)
)
)
From:_____)
(Full name as shown on the birth certificate))
)
)
To:_____)
(Full name petitioner desires to adopt)

AFFIDAVIT OF CHARACTER

I, being duly sworn, depose and say:

1. I am a resident of Mecklenburg County, State of North Carolina.

2. I have known the Petitioner for _____ years. I personally know the Petitioner to be a person of good character and that the Petitioner has a reputation as a person with good character and good standing in the community.

Dated: _____

Signature: _____

Name: _____

Address: _____
_____
_____

Sworn to and subscribed before me this _____
Day of _____, 20___.

_____

Notary Public

MECKLENBURG COUNTY

NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
PROCEEDING BEFORE THE CLERK OF COURT

– SP –

IN THE MATTER OF THE NAME CHANGE OF:	)	AFFIDAVIT REGARDING OUTSTANDING TAX OR CHILD SUPPORT OBLIGATIONS (ADULT)
,	)	

The undersigned, being first duly sworn, deposes and says:

1. I am the petitioner in the request for a legal name change posted on _____.

2. That the applicant is a bona fide resident of, and domiciled in, the county where the change of name is sought.

3. The petitioner (Does) / (Does Not) have an outstanding tax obligation.
Circle one

4. The petitioner (Does) / (Does Not) have an outstanding child support obligation. *Circle one*

This the _____ day of _____, 20____.

_____
Signature of Petitioner

Sworn to and subscribed before me this _____
day of _____, 20____.

_____

Notary Public
My commission expires: