
Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
 - b. Additional copies as dictated by local practice. Please contact the local circuit court clerk’s office to determine if additional copies are needed.
2. Prepared by person requesting that the child’s name be changed (the applicant).
3. Attachments – Attach copy of court order if child’s name has been previously changed. On page 1 of the form, see Data Element 4.
4. Preparation details –
 - a. This form can only be used to petition for a change of name of a child. For an adult name change, use form CC-1426, APPLICATION FOR CHANGE OF NAME (ADULT).
 - b. On page 1 of the form, Data Elements 2-24 are completed by the applicant. On page 2 of the form, Data Elements 1-3 are completed by the applicant. The applicant’s signature (Data Element 3 on page 2 of the form) is not entered online.
 - c. On page 2 of the form, Data Elements 4-8 are completed by the clerk, deputy clerk or notary public taking the applicant’s acknowledgment and are not filled out online.
 - d. On page 2 of the form, Data Elements 9-14 are completed by the person joining in the application (joint applicant), if applicable. The joint applicant’s signature (Data Element 14 on page 2 of the form) is not entered online.
 - e. On page 2 of the form, Data Elements 15-19 are completed by the clerk, deputy clerk or notary public taking the joint applicant’s acknowledgement and are not filled out online.

APPLICATION FOR CHANGE OF NAME (MINOR)

Case No. **1**

Commonwealth of Virginia Va. Code § 8.01-217

In the Circuit Court of the [] City [] County of **2**

In re: **3**
(MINOR'S PRESENT NAME) FIRST MIDDLE LAST SUFFIX

COMES NOW, the applicant, and after being duly sworn states under oath as follows:

4 1. Minor's name is stated accurately above and [] has [] has not been previously changed. If so, court order is attached.

2. Applicant's Name: **5**
FIRST MIDDLE LAST SUFFIX

2a. Residence Address: **6**
STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

2b. Mailing Address: **7**
IF DIFFERENT FROM RESIDENCE ADDRESS

8 3. Relationship to minor: [] Parent [] Guardian [] Next Friend []

Provide the following information about the minor.

4. Date and Place of Birth: **9** **10**
DATE OF BIRTH PLACE OF BIRTH

5. City or county of residence: **11**

6. Address if different from applicant's: **12**
STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

7. Full Names and Addresses of Parents

7a. Full Name: **13**
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

Residence Address: **14**
STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

Mailing Address: **15**
IF DIFFERENT FROM RESIDENCE ADDRESS

7b. Full Name: **16**
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

Residence Address: **17**
STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

Mailing Address: **18**
IF DIFFERENT FROM RESIDENCE ADDRESS

Answer the following questions by checking appropriate "Yes" or "No" box and providing information as requested.

8. Has the minor ever been convicted of a felony? [] Yes [] No **19**

9. Is the minor currently incarcerated? ** [] Yes [] No **20**

If yes, indicate facility name:

Facility Location:

10. Is the minor a probationer with any court? ** [] Yes [] No **21**

If yes, indicate court name:

11. Is the minor a person for whom registration with the Sex Offender and Crimes Against Minors Registry is required? ** [] Yes [] No **22**

If yes, indicate court where conviction occurred that resulted in the requirement to register:

12. Reason for name change application **23**

24 [] Supplemental sheet attached

** No application of a probationer, incarcerated person, or person for whom registration with the Sex Offender and Crimes Against Minors Registry is required shall be accepted unless the Court finds good cause exists for consideration of such application under the reasons alleged in the application for the requested change of name. Attach explanatory documentation to the application.

WHEREFORE, pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, the applicant requests that the Court find that a change of name is in the best interest of the minor and order a change of the minor's name from:

..... **1**
FIRST MIDDLE LAST SUFFIX

to

..... **2**
FIRST MIDDLE LAST SUFFIX

3

SIGNATURE OF APPLICANT

Commonwealth/State of **4**

[] City [] County of **5**

The forgoing instrument was subscribed and sworn to/affirmed before me this

..... day of **6**, 20

by **7**
NAME OF APPLICANT

8

[] CLERK [] DEPUTY CLERK
[] NOTARY PUBLIC My commission expires:
Registration No.

9

[] JOINT APPLICATION: I join in this Application for Change of Name (Minor)

Name: **10**
FIRST MIDDLE LAST SUFFIX

Residence Address: **11**
STREET ADDRESS

.....
CITY STATE ZIP CODE COUNTRY

Mailing Address: **12**
IF DIFFERENT FROM RESIDENCE ADDRESS

Relationship to minor: **13**

14

SIGNATURE OF PERSON JOINING APPLICATION

Commonwealth/State of **15**

[] City [] County of **16**

The forgoing instrument was subscribed and sworn to/affirmed before me this

..... day of **17**, 20

by **18**
NAME OF PERSON JOINING APPLICATION

19

[] CLERK [] DEPUTY CLERK
[] NOTARY PUBLIC My commission expires:
Registration No.

Data Elements, page one

1. Court case number.
2. Check box to indicate city or county and enter name of circuit court.
3. Style of case (enter child's full current name).
4. Check appropriate box. See USING THIS REVISABLE PDF FORM, 3.
5. Enter full name of applicant.
6. Enter residential address of applicant.
7. Enter applicant's mailing address, if different from residence.
8. Check appropriate box indicating applicant's relationship to minor.
9. Enter child's date of birth.
10. Enter child's place of birth.
11. Enter child's city or county of residence.
12. Enter child's address, if different from applicant's address.
13. Enter full name of child's parent.
14. Enter residential address of child's parent.
15. Enter parent's mailing address, if different from residence.
16. Enter full name of child's other parent.
17. Enter residential address of child's other parent.
18. Enter other parent's mailing address, if different from residence.
19. Check the applicable box.
20. Check the applicable box. If "yes" is checked, provide the name of the facility and the location of the facility in which the applicant is currently incarcerated.
21. Check the applicable box. If "yes" is checked, provide the name of the court that placed
22. Check the applicable box. If "yes" is checked, provide the name of the court where conviction occurred.
23. Provide reason for name change application.
24. Check box if a supplemental sheet is attached.

Data Elements, page two

1. Enter full current name of child. This full name should match what is listed in Data Element 3 on page 1 of the form.
2. Enter desired full name of child if court orders the change of name applicant seeks.
3. Signature of applicant. Not filled out online.
4. Enter name of state in which certificate of acknowledgment is completed by clerk, deputy clerk or notary public. Not filled out online.
5. Check appropriate box and enter name of city or county where acknowledgment is taken. Not filled out online.
6. Enter date of acknowledgment of this document. Not filled out online.
7. Print name of person whose signature appears in Data Element 3.
8. Signature of clerk, deputy clerk or notary public completing certificate of acknowledgment. If completed by notary public, enter date commission expires and registration number. Not filled out online.
9. Check this box if another person is joining in the application.
10. Enter full name of person joining application.
11. Enter residence address of person joining application.
12. Enter mailing address of person joining application, if difference from residence.
13. List person's relationship to minor.
14. Signature of person joining application. Not filled out online.
15. Enter name of state in which certificate of acknowledgment is completed by clerk, deputy clerk or notary public. Not filled out online.
16. Check appropriate box and enter name of city or county where acknowledgment is taken. Not filled out online.
17. Enter date of acknowledgment of this document. Not filled out online.
18. Print name of person whose signature appears in Data Element 14.
19. Signature of clerk, deputy clerk or notary public completing certificate of acknowledgment. If completed by notary public, enter date commission expires and registration number. Not filled out online.