

State of Minnesota

County _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: **Name Change**

In the Matter of the Application of:

First Middle Last

For a change of name to:

First Middle Last

**Inmate Affidavit for
Name Change
(Minn. Stat. § 259.12)**

I, _____, the applicant in this matter, make the following statement under oath:

- I am currently an inmate confined in a correctional facility, as defined in section 241.021, subdivision 1, clause (5).
- I have not at any time during my confinement requested a name change under section 259.10, other than this request.
- The reason I am seeking a name change is:
-
-
- I request the court to issue its Order Granting Name Change.

Dated:

Signature *(Sign only in front of notary public or court administrator.)*

Name:

Address:

City/State/Zip:

Telephone: ()

Sworn/affirmed before me

Date:

Notary Public \ Deputy Court Administrator

