

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

On Behalf of (current name of minor(s)):

**Application for Name Change
of a Minor (Minn. Stat. § 259.10)**

First Middle Last

For a change of name to (new name of minor(s)):

First Middle Last

The undersigned applicant has sworn/affirmed on oath and states that:

- 1. This application is made in good faith, without intent to defraud or mislead.
- 2. The minor child(ren) whose name(s) are sought to be changed on this application have lived in the State of Minnesota for at least six months immediately prior to the date of this application, and now live at:

No. Street
City/Town State Zip County

- 3. I am/we are the: (check one) parent(s) legal guardian next of kin (specify): of the minor child(ren).

- 4. The current name(s) of minor child(ren) and date(s) of birth:

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- 5. The name of the non-applicant parent(s):

The non-applicant parent is not known and his/her/their name(s) is/are not shown on the birth certificate.

- 6. The address of the non-applicant parent(s) is/are:

No. Street
City/Town State Zip County

- 7. Applicant requests to have the name(s) of the minor child(ren) changed to:

- 8. The following parties included in this application have been convicted of a felony:

List name, date of offense, and state. If no felony convictions, write "No felony convictions."

9. Legal description of lands in the State of Minnesota upon which the minor child(ren) has/have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary)

10. Other:

Dated:

Applicant's Signature

Co-Applicant's Signature (Spouse)

Minor's Signature (14 or older)

Address

City State Zip

()
Telephone Number

State of Minnesota

Verification

County of

_____, being duly sworn on oath, says that he/she has read the foregoing application and knows the contents thereof, and that the same is true of his/her own knowledge.

Sworn/affirmed before me

Date:

Deputy Court Administrator / Notary Public

Applicant's Signature

My Commission Expires

Co-applicant's Signature