

**Pend Oreille County District Court  
State Of Washington**

In re the Petition of (Parent/Guardian Names):

No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

on behalf of Minor

\_\_\_\_\_  
Current Name

**PETITION FOR NAME CHANGE OF  
MINOR CHILD**

**(CLERK'S ACTION REQUIRED)**

COMES NOW the undersigned Petitioner, pursuant to RCW 4.24.130, and requests an order changing their child's name; and states the following:

1. We are the Petitioners and are parents or lawful guardians of the Minor Child and we have the legal authority to submit this petition.
  - a. If both parents or guardians have not signed this petition, the child's other parent or guardian:
    - i. Has not been located and has not had contact with the petitioner. Yes ☐ No ☐ N/A ☐  
Date of last contact with the other parent: \_\_\_\_\_
    - ii. Other reason, please explain \_\_\_\_\_
2. Minor Child was born on \_\_\_\_\_ (date), and is \_\_\_\_\_ years old.
3. Minor Child is currently a Washington State resident.
4. Minor Child is required to register as a sex offender. Yes ☐ No ☐  
[If Minor Child is required to register as a sex offender, it is a crime for Petitioner to fail to provide 5 days' notice to the Pend Oreille County Sheriff and Washington State Patrol of this proposed change of Minor Child's name. RCW 4.24.130(3), 9A44.130(7); 9A.44.132(1).]
5. The child is an offender under the jurisdiction of the Department of Corrections. Yes [ ] No [ ]  
[Failure to provide required notice to DOC is a crime, RCW 4.24.130.]
6. The petition is not made for any fraudulent purpose and does not infringe upon the rights of others.
7. I request this Court change the Minor Child's name for the following reason(s):

8. Has the child ever had a name change prior to this petition? Yes ☐ No ☐

Please explain. (Date, place, reason)

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9. Any child named in this petition who is age 14 or older joins in the petition and has signed the petition.

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WHEREFORE, Petitioner requests that his or her Minor Child's name be changed as follows:

CURRENT NAME			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

REQUESTED NEW NAME			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX

I would like to request an interpreter for the hearing. Language:

A hearing will be held on: \_\_\_\_\_ at: \_\_\_\_\_  
Hall of Justice, 229 S Garden, Newport WA 99156

**I DECLARE UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

Signed at \_\_\_\_\_, Washington, on \_\_\_\_\_.  
City Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Minor's Signature (if 14 years of age or older)

\_\_\_\_\_  
Minor's Printed Name

\_\_\_\_\_  
Petitioner's Street Address/PO Box

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email address