

**[Fill in the spaces next to the instructions. Sign in front of a Notary Public.]**  
SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X

In the Matter of the Application of

\_\_\_\_\_,

**[2. Fill in name(s)]**  
*individually and as parent or guardian of the infant(s)*

\_\_\_\_\_,

**[3. Fill in infant current name]**

FOR LEAVE TO CHANGE INFANT(S) NAME(S) TO

\_\_\_\_\_,

**[4. Fill in infant new name(s)]**

-----X

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NASSAU:

I, **[5. Your name]** \_\_\_\_\_, the petitioner, being  
duly sworn hereby state the reason(s) I failed to comply with the Ordered provisions of  
the Name Change Order signed by Justice **[6. Insert Justice's name from Order]**

\_\_\_\_\_  
on, **[7. Insert date from Order]** \_\_\_\_\_

is/are as follows: **[8. Explain your reasons for the application.]**

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

**[1. Index No. & Year]**  
Index No.

\_\_\_\_\_/\_\_\_\_\_  
AFFIDAVIT IN SUPPORT  
OF NUNC PRO TUNC  
ORDER- CHANGE  
OF INFANT'S NAME

I further state that I have made no previous application has been made for this relief before this or any other court of competent jurisdiction.

WHEREFORE, your petitioner respectfully asks that the Court grant me this Nunc Pro Tunc order allowing me an additional sixty (60) days to comply with the terms of the aforementioned order

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**[9. SIGN YOUR NAME BEFORE NOTARY]**

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**[10. PRINT YOUR NAME]**

Sworn to before me this  
day of \_\_\_\_\_, 20 \_\_

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Notary Public

**[11. Affidavit must be notarized]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X  
In the Matter of the Application of

\_\_\_\_\_,  
**[21. Fill in name(s)]**  
*individually and as parent or guardian of the infant(s)*

**[20. Index No. & Year]**  
Index No.

\_\_\_\_\_/\_\_\_\_

\_\_\_\_\_,  
**[22. Fill in infant current name]**

FOR LEAVE TO CHANGE INFANT(S) NAME(S) TO

\_\_\_\_\_,  
**[23. Fill in infant new name(s)]**

-----X  
\_\_\_\_\_  
\_\_\_\_\_  
**[24. Insert name(s) of papers submitted]**

\_\_\_\_\_  
**[25. YOUR SIGNATURE]**

\_\_\_\_\_  
**[26. PRINT YOUR NAME]**

\_\_\_\_\_  
**[27. YOUR ADDRESS]**

\_\_\_\_\_  
**[28. CITY, STATE ZIP CODE]**

\_\_\_\_\_  
**[29. YOUR PHONE NUMBER]**