

[Fill in the spaces next to the instructions. Other spaces are for Court use.]
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

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

_____,
[2. Fill in name(s)] Petitioner(s)

-against-

_____,
[3. Fill in name(s)] Respondent(s)
-----X

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

_____/_____
NOTICE OF PETITION
TO CHANGE NAME
OF INFANT

PLEASE TAKE NOTICE that upon the verified petition(s) of **[4. Your name(s)]**
_____, sworn to on **[5. Date the Verified Petition
notarized]** _____, 20__ and upon the exhibits attached to the petition,
and the petitioner(s) will request this Court at 9:30 am **[6. Insert return date]** on
_____ at the Courthouse, 100 Supreme Court Drive, Mineola, New
York, in IAS Term Part _____, for an order, pursuant to Civil Practice Law and Rules and
the Civil Rights Law Section 60 changing the name of the infant,

[8. Insert Infant Current Name]

[9. Insert Infant New Name]

and for such other and further relief as this Court may deem just and proper.

PLEASE TAKE FURTHER NOTICE, that pursuant to Civil Practice Law Section
403(b), you are hereby required to serve copies of your answering affidavits on the
undersigned no later than the seventh day prior to the date set forth above for the
submission of this motion.

[10. For this CPLR 403(b) paragraph to apply, motion papers *must* be served by personal delivery no later than 12 days before the return date or served by mail no later than 17 days before the return date.]

[11. Date and County papers are signed in]

Dated: _____

_____, New York

Respectfully Submitted

[12. Your Signature]

[13. PRINT YOUR NAME]

[14. YOUR ADDRESS]

[15. CITY, STATE ZIP CODE]

[16. YOUR PHONE NUMBER]

To: Respondent

[17. Insert Respondent Name]

[18. Respondent Address]

[19. City, State Zip Code]

[20. Phone Number]

[Fill in the spaces next to the instructions. Attach copies of the indicated documents and mark them as exhibits.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

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

_____,
[22. Fill in name(s)] Petitioner(s)

[21. Index No. & Year]
Index No. _____ / _____
PETITION

-against-

_____,
[23. Fill in name(s)] Respondent(s)

-----X

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

[24. Your name] _____ by this petition
petition, alleges that he/she is the **[25.Circle one]** natural father/mother of the infant
named herein, and resides at **[26. Your address]** _____
and further alleges that:

1. Said infant's name is **[27. Insert infant current name]**

2. The name which said infant proposes to assume is **[28. Insert infant new name]**

3. Said infant resides at **[29. Insert infant address, No Post Office Box.]**

4. Said infant is of the age of **[30. Insert infant age.]**

5. Said infant date of birth is **[31. Insert infant date of birth.]**

6. Said infant place of birth is **[32. Insert County, State and Country.]**

12. No previous application has been made for this relief.

WHEREFORE, your petitioner respectfully prays that an order be granted permitting said Infant to assume the name of **[35. Insert infant new name]**

_____.

[36. Date and County papers are signed in]

Dated: _____, New York
_____, 20__

Petitioner Signature

[37. Your signature]

Print Petitioner Name

[38. Print Your Name]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

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

_____,
[64. Fill in name(s)] Petitioner(s)
-against-

[63. Index No. & Year]

Index No.

_____ / _____

_____,
[65. Fill in name(s)] Respondent(s)

-----X

[66. Insert name(s) of papers submitted]

[67. YOUR SIGNATURE]

[68. PRINT YOUR NAME]

[69. YOUR ADDRESS]

[70. CITY, STATE ZIP CODE]

[71. YOUR PHONE NUMBER]