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 COURT OF THE STATE OF NEW YORK
COUNTY OF _____ X


In the Matter of the Application of _____

 _____


For Leave to Change Name of Infant from


**INFANT
NAME CHANGE PETITION**


 _____


INDEX NO.: _____ 


to


 _____ X


 TO THE COURT OF THE STATE OF NEW YORK
COUNTY OF _____


 The petition of _____ respectfully shows to the court the following:


 ① I am We are the natural father mother parents of the infant named herein, residing at: _____


 ② Said infant's name is _____.


 ③ The name which said infant proposes to assume is _____.

 ④ Infant resides at _____.

 ⑤ The infant is the age of ____ years, having been born on _____ in _____, _____.

 ⑥ Infant is a citizen of: *(Please check one.)*
 The United States A Foreign Country: _____
Alien Registration Number: _____


 ⑦ Said infant is single and has never been married.

-  ⑧ Please check "Yes" or "No" to each of the following questions.
- a. Has the infant ever been convicted of a crime? Yes No
 - b. Has the infant ever been adjudicated a bankrupt? Yes No
 - c. Are there judgments or liens of record against the infant? Yes No
 - d. Are there any actions or proceedings pending to which the infant is a party? Yes No


If you answered "Yes" to any of the above questions, set forth a complete explanation of the circumstances:

 9

The reasons for this petition are as follows:

 10

No previous petition has been made for this relief.

WHEREFORE, petitioner(s) respectfully asks for an order permitting said infant to assume the name of _____ 

 Dated:

_____, 20_____
_____, New York

Signature

Print name




Signature

Print name

VERIFICATION

State of New York, County of

ss.: 

 _____, being duly sworn, deposes and says: I am/
We are the Petitioner(s) in the above-entitled action. I/we have read the foregoing petition and know the contents thereof. The same is true to my/our knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters I/we believe them to be true.

Signature

Signature

Sworn to before me this _____
day of _____, 20_____.



Notary Public