

**[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

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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:

**[5. Your name]** \_\_\_\_\_ by this petition  
alleges that he/she is the **[6.Circle one]** natural father/mother of the infant named herein,  
and resides at **[7. Your address]** \_\_\_\_\_ and further  
alleges that:

1. Said infant's name is **[8. Insert infant current name]**

\_\_\_\_\_

2. The name which said infant proposes to assume is **[9. Insert infant new name]**

\_\_\_\_\_

3. Said infant resides at **[10. Insert infant address, No Post Office Box.]**

\_\_\_\_\_

4. Said infant is of the age of **[11. Insert infant age.]**

\_\_\_\_\_

5. Said infant date of birth is **[12. Insert infant date of birth.]**

\_\_\_\_\_

6. Said infant place of birth is **[13. Insert County, State and Country.]**

\_\_\_\_\_

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

Index No.

\_\_\_\_\_/\_\_\_\_\_  
PETITION FOR CHANGE  
OF INFANT'S NAME



12. Consent of the necessary parties has been obtained **[16. If there is no consent, you must state what diligent efforts have been made to locate the absent parent; additionally you must detail how long it has been since the absent parent has had any contact with the child; further, you must detail what, if any child support is being paid by the absent parent]**

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13. No previous application has been made for this relief before this or any other court of competent jurisdiction.

WHEREFORE, your petitioner respectfully prays that an order be granted permitting said Infant to assume the name of **[17. Insert infant new name]**

\_\_\_\_\_.

**[18. Date and County papers are signed in]**

Dated: \_\_\_\_\_, New York  
\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Petitioner Signature  
**[19. Your signature]**

\_\_\_\_\_  
Print Petitioner Name  
**[20. Print Your Name]**

**[Fill in the spaces next to the instructions.]**

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)

-against-

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

-----X

STATE OF NEW YORK }  
  SS. :}  
COUNTY OF \_\_\_\_\_ }

**[24. Insert County where papers signed and notarized]**

\_\_\_\_\_ **[25. Insert Your Name]** , being duly  
sworn, deposes and says: I am the \_\_\_\_\_ **[26. Insert  
Petitioner or Respondent]** in this matter.

I have read the foregoing **[27. Insert the name(s) of the above documents e.g.  
affidavit, petition etc.]** \_\_\_\_\_ and know the contents thereof.

The same are true to my knowledge, except as to matters therein stated to be alleged  
on information and belief and as to those matters I believe them to be true

\_\_\_\_\_  
**[28. SIGN YOUR NAME BEFORE NOTARY]**

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

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

\_\_\_\_\_  
Notary Public  
**[30. Verification must be notarized]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----x  
In the Matter of the Application of

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

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

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

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

-----x  
STATE OF NEW YORK }  
  SS. :}  
COUNTY OF \_\_\_\_\_ }

**[35. Insert County where papers signed and notarized]**

I, \_\_\_\_\_ **[36. Insert Name of parent who is not the petitioner]**, being duly sworn, deposes and says: I am the parent (natural guardian) of the infant in the within proceeding. I have read the foregoing petition for change of infants name of **[37. Insert the name(s) of the petitioner]** \_\_\_\_\_ and joins in the prayer for relief and consents thereto.

\_\_\_\_\_  
\_\_\_\_\_  
**[38. Signature of Non-petitioning Parent]**

\_\_\_\_\_  
\_\_\_\_\_  
**[39. Print Name of Non-petitioning Parent]**

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

\_\_\_\_\_  
Notary Public  
**[40. Affidavit must be notarized]**

**[31. Index No. & Year]**  
Index No. \_\_\_\_\_/\_\_\_\_\_  
AFFIDAVIT OF CONSENT  
OF NON-PETITIONING  
PARENT

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

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

\_\_\_\_\_,  
**[56. Fill in name(s)]** Petitioner(s)  
-against-

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

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

\_\_\_\_\_,  
**[57. Fill in name(s)]** Respondent(s)

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

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

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

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

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

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