

[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

[9. SIGN YOUR NAME BEFORE NOTARY]

[10. PRINT YOUR NAME]

Sworn to before me this
day of _____, 20 __

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]