

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_  
(Name of County where child resides)

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In the Matter of the Application of

\_\_\_\_\_  
(Insert your name)

For leave to change the name of infant from

\_\_\_\_\_  
(Insert infant's current name)

To

\_\_\_\_\_  
(Insert infant's requested name)

PETITION FOR CHANGE  
OF NAME OF INFANT

Index No. \_\_\_\_\_

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STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss:  
(County where notarized)

I, \_\_\_\_\_, by this petition, alleges that \_\_\_\_\_ is the  
(Insert your name) (Insert he or she)  
natural \_\_\_\_\_ of the infant named herein, and resides at \_\_\_\_\_,  
(Insert "father" or "mother") (Street address)  
\_\_\_\_\_ and further alleges that:  
(Insert City / Town / Village; State; Zip code)

1. Said infant's name is \_\_\_\_\_.  
(Insert infant's current name)
2. The name which said infant proposes to assume is \_\_\_\_\_.  
(Insert name requested)
3. Said infant resides at \_\_\_\_\_,  
(Insert street address) (Insert City / Town / Village;  
State; Zip code)  
\_\_\_\_\_ and accordingly, pursuant to CRL sec.60, petition is  
being filed in the County of \_\_\_\_\_.  
(Name of County where child resides)
4. Said infant is of the age of \_\_\_\_\_ years, having been born on \_\_\_\_\_  
(Insert present age) (Insert actual date)  
\_\_\_\_\_ at \_\_\_\_\_  
of birth) (Insert place of birth, including County, State, and Country)
5. Check one of the following:  
\_\_\_\_\_ Said infant is a citizen of the United States.  
\_\_\_\_\_ Said infant is a legal resident of the United States.

6. Said infant is single and has never been married.
7. Said infant has never been convicted of a crime.
8. There are no judgments or liens of record against said infant nor against any property in his/her name. No action or proceeding is pending to which said infant is a party. Said infant has never been adjudicated a bankrupt. In fact, no proceeding in bankruptcy has ever been instituted by or against said infant in any court or before any officer of the state or of the United States, nor has said infant at any time made an assignment for the benefit of creditors. There are no claims, demands, liabilities or obligations on a written instrument or otherwise against said infant or to which said infant is a party. Said infant has no creditors and no person will be adversely affected nor prejudiced in any way by the proposed change of name.
9. The grounds of this application are as follows: \_\_\_\_\_  
(Insert reasons for the infant's name change)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
10. 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 \_\_\_\_\_.  
(Insert name requested)

\_\_\_\_\_  
(Sign your name in the presence of a Notary Public)

\_\_\_\_\_  
(Print your name)

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

\_\_\_\_\_  
Notary Public

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss:  
(County where notarized)

AFFIDAVIT OF MAILING

Index No. \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn says,  
(Insert name of person who mails papers)

On \_\_\_\_\_, 20\_\_\_\_, I mailed the Notice of Petition and Petition for  
(Insert date papers mailed)  
the name change for an infant to:

\_\_\_\_\_  
(Name of person)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City/Town/Village; State; Zip code)

by placing the same in the U.S. Postal System, with the appropriate amount of postage.

\_\_\_\_\_  
(Sign your name in the presence of a Notary Public)

\_\_\_\_\_  
(Print your name)

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

\_\_\_\_\_  
Notary Public

\*\* Please note that if the person resides outside New York state, the notice must be sent by registered mail to the last known address, per NY Civil Right Law, section 62.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

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In the Matter of the Application of \_\_\_\_\_ For leave to

(Insert your name)  
to change the name of infant from

\_\_\_\_\_  
(Insert current name)

To

\_\_\_\_\_  
(Insert requested new name)  
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NOTICE OF PRESENTATION  
OF PETITION FOR CHANGE  
OF NAME OF INFANT

Index No. \_\_\_\_\_

PLEASE TAKE NOTICE that upon the verified petition of \_\_\_\_\_  
\_\_\_\_\_  
(Insert your name)

\_\_\_\_\_ sworn to on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to obtain an order of  
(Insert date petition sworn to in the presence of a Notary Public)

this court granting leave to \_\_\_\_\_, an infant of the age of  
(Insert infant's current name)

\_\_\_\_ years, to assume the name of \_\_\_\_\_, in this Court, at  
(Insert infant's requested new name)

\_\_\_\_\_ A.M./P.M. on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the Courthouse at  
(Insert return time & date advised of by the Court)

\_\_\_\_\_, \_\_\_\_\_, New York in an IAS Part \_\_\_\_\_, or as

soon thereafter as counsel can be heard, and that at such time an application will be

made for the relief sought in said petition.

Dated:

\_\_\_\_\_, New York  
(County where signed)

\_\_\_\_\_, 20\_\_\_\_  
(Date signed)

Respectfully Submitted,

\_\_\_\_\_  
(Your name)

\_\_\_\_\_  
(Your street address)

\_\_\_\_\_  
(Your city, state, zip)

\_\_\_\_\_  
(Your telephone no.)

TO:

\_\_\_\_\_  
(Name of non-consenting parent(s) or guardian of infant)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, state, zip)

\_\_\_\_\_  
(Telephone no.)