INSTRUCTIONS: FILL IN THE INDEX NUMBER AND COMPLETE THE BLANK SPACES NEXT TO THE INSTRUCTIONS PRINTED IN BOLD TYPE. PRINT AND USE BLACK INK ONLY.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS
----------X INDEX NO. _____
In the Matter of the Application of

For leave to change name of Infant from

PETITION FOR CHANGE OF NAME

[INSERT PRESENT NAME]

to

[INSERT NAME REQUESTED]
----------X

TO THE SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF _____ **[INSERT COUNTY WHERE SWORN TO]**

_____, **[INSERT YOUR NAME]** by this petition, alleges that he/she is the natural father/mother **[CIRCLE ONE]** of the infant named herein, and resides at _____ _____, **[INSERT YOUR ADDRESS]** and further alleges that:

1. Said infant's name is _____ **[INSERT PRESENT NAME].**

2. The name which said infant proposes to assume is _____ **[INSERT NAME REQUESTED].**

3. Said infant resides at _____ **[INSERT INFANT'S ADDRESS; NO POST OFFICE BOX]**

4. Said infant is of the age of _____ **[INSERT PRESENT AGE]** years, having been born on _____ **[INSERT**

ACTUAL DATE OF BIRTH at _____ **[INSERT PLACE OF BIRTH; INCLUDE COUNTY, STATE AND COUNTRY]**

5. (a) Said infant is a citizen of the United States.
   (b) Said infant is a legal resident of the United States.
   [CIRCLE ONE]

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 o creditors and no person will be adversely affected nor prejudiced in any way by the proposed change of name.

9. The grounds **[REASONS]** of this application are as follows:

_____
_____
_____
_____
_____
_____ **[INSERT GROUNDS]**

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].**

DATED: Queens, New York

_____, 200___.

_____
Petitioner's Signature
[SIGN YOUR NAME]

_____
[PRINT PETITIONER'S NAME]

TO BE COMPLETED BY PETITIONER'S ATTORNEY, IF ANY.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS
----------X
In the Matter of the Application of

For leave to change the Name of Infant
from

[INSERT PRESENT NAME]
to

[INSERT NAME REQUESTED]
----------X
STATE OF NEW YORK)
) SS.:
COUNTY OF)

I, _____, being duly sworn, deposes and says that deponent is the _____ of the petitioner in the within proceeding; has read the foregoing petition and knows the contents thereof; that the same are true to his/her own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters he/she believes them to be true. To the best of his/her knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the presentation of these papers or the contentions therein are not frivolous as defined in subsection (c) of section 130-1.1 of the Rules of the Chief Administrator (22 NYCRR).

_____
Signature

_____
Print Name

Sworn to before me this _____
day of _____, 200___.

_____
Notary Public