

**DISTRICT COURT, COUNTY OF OKANOGAN
STATE OF WASHINGTON**

In re the Matter of:

Petitioner

Case Number: _____

PETITION FOR CHANGE OF NAME

1. I am applying for a court order which will change:

my name from _____
(Print Full Name)

to _____
(Print New Name Desired)

2. I reside in Okanogan County. YES NO

3. My age is: _____

4. I am required to register as a sex offender. YES NO

Failure to provide required notice to the Okanogan County Sheriff's Office and Washington State Patrol is a crime.
RCW 9A.44.130; RCW 4.24.130.

5. I am under the jurisdiction of the Department of Corrections. YES NO

Failure to provide required notice to DOC is a crime. RCW 4.24.130.

6. I have had prior name change(s). YES NO If yes, explain for each. (Name, date, place, reason.)

7. This application is made for the following reasons:

8. This application is not made for any illegal or fraudulent purpose. TRUE FALSE

9. The change of name will not be detrimental to the interests of any other person. TRUE FALSE

I acknowledge that if I am subject to the jurisdiction of the Washington Department of Corrections or if I am required to be registered as a sex offender under any law of the State of Washington I will submit a copy of this petition to the Okanogan County Sheriff and to the Washington State Patrol not fewer than five days prior to entry of an order granting the name changes. No order will be granted if the Court finds that doing so will interfere with legitimate law enforcement interests, except that no order will be denied when the name change is requested for religious or legitimate cultural reasons or in recognition of marriage or dissolution of marriage. A sex offender required to register who receives an order changing his/her name shall submit a copy of the order to the county sheriff of the person's residence and to the Washington State Patrol within three business days of the Order being signed. A person subject to the jurisdiction of the Washington Department of Corrections who receives an order changing his or her name shall submit a copy of the order to the county sheriff of the person's residence and to the Washington State Patrol within five days of the Order being signed. I understand that failure to do so is a crime.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at _____ (CITY, STATE), on _____ (DATE).

(Signature)

(Name)