

Using This Form

1. Copies
 - a. Original – to court.
 - b. Additional copies as dictated by local practice.
2. Prepared by person requesting a name change (applicant).
3. Attachments – none.
4. Preparation details –
 - a. This form can only be used for adults applying for a name change. It should not be used to apply to change the name of a minor. In the case of a minor, use circuit court form CC-1427, APPLICATION FOR CHANGE OF NAME (CHILD).
 - b. The signature of the applicant must be acknowledged by a clerk, deputy clerk or notary public.
 - c. Data Element No. 4 on page 2 of the form is completed by a clerk, deputy clerk or notary public.

Data Elements

Page One:

1. Court name. Check the appropriate box to indicate county or city.
2. Insert name of applicant (person requesting a name change).
3. Full birth name of the applicant.
4. City or county where the applicant resides.
5. Address where the applicant resides. This should be a street address, not a post office box.
6. Mailing address of the applicant, if different from the applicant's street address.
7. Date of birth of the applicant.
8. Place of birth of the applicant.
9. Full name of the applicant's parent, including maiden name, if applicable.
10. Full name of the applicant's parent, including maiden name, if applicable.
11. Describe reason for requesting a name change.
12. Check the applicable box if a supplemental sheet is attached to the application.
13. Check the applicable box.
14. Check the applicable box. If "yes" is checked, provide the name of the facility and the location of the

facility in which the applicant is currently incarcerated and the name(s) of court(s) where convicted.

15. Check the applicable box. If "yes" is checked, provide the name(s) of the court(s) which placed applicant on probation.
16. Check the applicable box. If "yes" is checked, provide the name(s) of the court(s) where conviction resulted in the requirement to register.
17. Check the applicable box. If "yes" is checked, provide documentation of the previous name change.

Page Two:

1. Current name of the applicant.
2. New name that applicant is requesting the court to approve.
3. Signature of applicant.

For Notary Public, Clerk or Deputy Clerk use only:
4. Certificate including city or county name, date certificate acknowledged, and name and title of person, including commission expiration date, taking acknowledgement.

APPLICATION FOR CHANGE OF NAME (ADULT)

COMMONWEALTH OF VIRGINIA VA. CODE § 8.01-217

VIRGINIA: In the Circuit Court of the [] City [] County of **1**

IN RE: **2**
(APPLICANT'S PRESENT NAME) FIRST MIDDLE LAST SUFFIX

COMES NOW, the applicant, and after being duly sworn states under oath as follows:

1. Applicant's Birth Name: **3**
FIRST MIDDLE LAST SUFFIX

2. City or County of Residence: **4**

3. Residence Address: **5**
STREET ADDRESS

..... CITY STATE ZIP CODE COUNTRY

4. Mailing Address: **6**
IF DIFFERENT FROM RESIDENCE ADDRESS

5a. Date of Birth: **7** 5b. Place of Birth: **8**

6. Full Names of Parents

6a. Full Name: **9**
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

6b. Full Name: **10**
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

7. Reason for name change application: **11**

..... **12** [] Supplemental sheet attached

Answer the following questions by checking appropriate "Yes" or "No" box and providing information as requested.

8. Have you ever been convicted of a felony? **13** [] Yes [] No

9. Are you currently incarcerated? ** **14** [] Yes [] No

If yes, indicate facility name and location: **14**

If yes, indicate name(s) of court(s) where convicted: **14**

10. Are you a probationer with any court(s)? ** **15** [] Yes [] No

If yes, indicate court(s) name: **15**

11. Are you a person for whom registration with the Sex Offender and Crimes Against Minors Registry is required? ** **16** [] Yes [] No

If yes, indicate court(s) where conviction occurred that resulted in the requirement to register: **16**

12. Have you previously changed your name either by a prior application or by marriage? **17** [] Yes [] No
(If yes, attach court order or other documentation and indicate previous names):

..... **17**

** No application of a probationer, incarcerated person, or person for whom registration with the Sex Offender and Crimes Against Minors Registry is required shall be accepted unless the Court finds good cause exists for such application under the reasons alleged in the application for the requested change of name. Attach explanatory documentation to the application.

WHEREFORE, the undersigned applicant further certifies under oath that this name change is not sought for any fraudulent purposes and will not infringe upon the rights of others, and pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, the applicant requests that the Court order a change of name from:

1

.....

FIRST MIDDLE LAST SUFFIX

to

2

.....

FIRST MIDDLE LAST SUFFIX

3

APPLICANT

4 {

Commonwealth/State of

[] City [] County of

Subscribed and sworn to/affirmed before me this day of, 20

by

.....

DATE

[] CLERK [] DEPUTY CLERK

[] NOTARY PUBLIC My commission expires

Registration No.