

**APPLICATION FOR CHANGE OF NAME (MINOR)**

Case No. ....

Commonwealth of Virginia Va. Code § 8.01-217

In the Circuit Court of the [ ] City [ ] County of .....

In re: .....  
(MINOR'S PRESENT NAME) FIRST MIDDLE LAST SUFFIX

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

1. Minor's name is stated accurately above and [ ] has [ ] has not been previously changed. If so, court order is attached.

2. Applicant's Name: .....  
FIRST MIDDLE LAST SUFFIX

2a. Residence Address: .....  
STREET ADDRESS

.....  
CITY STATE ZIP CODE COUNTRY

2b. Mailing Address: .....  
IF DIFFERENT FROM RESIDENCE ADDRESS

3. Relationship to minor: [ ] Parent [ ] Guardian [ ] Next Friend [ ] .....

**Provide the following information about the minor.**

4. Date and Place of Birth: .....  
DATE OF BIRTH PLACE OF BIRTH

5. City or county of residence: .....

6. Address if different from applicant's: .....  
STREET ADDRESS

.....  
CITY STATE ZIP CODE COUNTRY

**7. Full Names and Addresses of Parents**

7a. Full Name: .....  
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

Residence Address: .....  
STREET ADDRESS

.....  
CITY STATE ZIP CODE COUNTRY

Mailing Address: .....  
IF DIFFERENT FROM RESIDENCE ADDRESS

7b. Full Name: .....  
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

Residence Address: .....  
STREET ADDRESS

.....  
CITY STATE ZIP CODE COUNTRY

Mailing Address: .....  
IF DIFFERENT FROM RESIDENCE ADDRESS

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

8. Has the minor ever been convicted of a felony? ..... [ ] Yes [ ] No

9. Is the minor currently incarcerated? \*\* ..... [ ] Yes [ ] No

If yes, indicate facility name: .....

Facility Location: .....

10. Is the minor a probationer with any court? \*\* ..... [ ] Yes [ ] No

If yes, indicate court name: .....

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

If yes, indicate court where conviction occurred that resulted in the requirement to register: .....

12. Reason for name change application .....

[ ] Supplemental sheet attached

\*\* 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 consideration of such application under the reasons alleged in the application for the requested change of name. Attach explanatory documentation to the application.

WHEREFORE, pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, the applicant requests that the Court find that a change of name is in the best interest of the minor and order a change of the minor's name from:

.....  
FIRST MIDDLE LAST SUFFIX

to

.....  
FIRST MIDDLE LAST SUFFIX

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Commonwealth/State of .....

[ ] City [ ] County of .....

The forgoing instrument was subscribed and sworn to/affirmed before me this

..... day of ....., 20 .....

by .....

NAME OF APPLICANT

\_\_\_\_\_  
[ ] CLERK [ ] DEPUTY CLERK  
[ ] NOTARY PUBLIC My commission expires: .....  
Registration No. ....

[ ] JOINT APPLICATION: I join in this Application for Change of Name (Minor)

Name: .....  
FIRST MIDDLE LAST SUFFIX

Residence Address: .....  
STREET ADDRESS

.....  
CITY STATE ZIP CODE COUNTRY

Mailing Address: .....  
IF DIFFERENT FROM RESIDENCE ADDRESS

Relationship to minor: .....

\_\_\_\_\_  
SIGNATURE OF PERSON JOINING APPLICATION

Commonwealth/State of .....

[ ] City [ ] County of .....

The forgoing instrument was subscribed and sworn to/affirmed before me this

..... day of ....., 20 .....

by .....

NAME OF PERSON JOINING APPLICATION

\_\_\_\_\_  
[ ] CLERK [ ] DEPUTY CLERK  
[ ] NOTARY PUBLIC My commission expires: .....  
Registration No. ....