



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

IN THE MATTER OF:

Your current legal name

Address

City, State, Zip

FOR CHANGE OF NAME TO:

Name you want to be known as

PETITION FOR CHANGE OF NAME (ADULT)
(Md. Rule 15-901)

NOTES: You must live in the county in which you file this form.

- Attach documents with your current name (i.e., birth certificate) and documents that officially change your name (i.e., marriage certificate).
- Do NOT use this form to change the name of a child, or in connection with adoption or divorce.
- You must publish a notice in a newspaper unless the court issues a waiver. Complete Notice for Publication (form CC-DR-061) and see the clerk.

I, _____, whose address is _____
Your current name Address
_____, state that:

1. I was born on _____ in _____
Date of Birth City, state, county, country

2. The name I was given at birth is _____ . Attached is a copy of
my birth certificate. Birth name

3. *Complete this section if it applies.*
My name has been changed to the following since birth for the following reasons:
(List any reasons why your name may have changed since birth, for example, marriage.)

Name changed to:

Reason:

4. (Select one):
 I have never registered as a sexual offender.
 I am or have previously been registered as a sexual offender under the following name(s):

Full name(s) as registered, including suffixes.

5. I am requesting this change of name because:

6. I want my new name to be _____ .
Name you want to be known as

7. The purpose of my request is not for any illegal or fraudulent purpose.

FOR THESE REASONS, I request:

my name be changed from _____
Current legal name

to _____ .
Name you want to be known as

the court issue an order to the Division of Vital Records to amend my certificate of birth to reflect the new name.

I, _____, solemnly affirm under the penalties of perjury, that the contents
Current legal name
of this document are true to the best of my knowledge, information, and belief.

Date

Your Signature

Printed Name

Address

City, State, Zip

Telephone