院提交的表格必须用英语填写。 MARYLAND, MARYLAND 巡回法院 _____ . 马里兰州 City/County DICIARY 市/郡 Located at Case Number 案件编号 ______ Court Address 法院地址 VS. 诉 Plaintiff Defendant 原告 被告 Street Address Street Address 街道地址 街道地址 City, State, Zip Telephone City, State, Zip Telephone 城市、州、邮政编码 城市、州、邮政编码 电话 电话 E-mail E-mail 电子邮箱 电子邮箱 MOTION FOR RESTORATION OF FORMER NAME 曾用名恢复动议 (Family Law § 7-105, Md. Rule 9-211) (《家庭法》第7-105条、《马里兰州规则》第9-211条) Current name , state that: 现用名 1. The clerk entered a decree or judgment of absolute divorce under this case number (This date cannot be more than Dav Month 18 months prior to the date of this motion). 书记员在以下日期录入了此案件编号下的绝对离婚判令或判决: (该日期不得早于本动议日期 18 个月)。 2. At the time of marriage, I took a new name, and I no longer wish to use it. 结婚时,本人更改了姓名,现在已不想继续使用该姓名。 3. I request restoration of my former name, Full former name 本人请求恢复曾用名, 曾用的全名 4. The purpose of my request is not illegal, fraudulent, or immoral purpose. 本人的请求意图并不具有非法、欺诈或不道德的性质。 For these reasons, I request to be restored to my former name, Full former name 基于这些理由,本人请求恢复曾用名,_____ 曾用的全名

Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be

completed and filed with the court in English. 表格样本,仅供参考。 为了提供便利,表格采用双语格式,但 向法

AFFIDAVIT 宣誓书

Current name		, solemnly affirm un	ffirm under the penalties of perjury that the	
contents of this docun本人,	nent are true to the best of my know	C /	, 郑重确认据本人个人所知所信,	
			,,	
此义什内谷县头,如2	有不实甘受伪证罪之罚。			
Date 日期	Signature 签名		Address 地址	
Printed Name 印刷体姓名			City, State, Zip 城市、州、邮编	
 E-mail 电子邮箱		Telephone 电话号码	Fax 	