



CIRCUIT COURT FOR _____, MARYLAND

City/County

Located at _____ Telephone _____

Court Address

Case No. _____

IN THE MATTER OF:

Your current legal name

Street Address

City, State, Zip

FOR CHANGE OF NAME TO:

Name you want to be known as

**OBJECTION TO PETITION FOR CHANGE OF NAME OF AN ADULT
(Md. Rule 15-901(e))**

NOTES: Use this form to object to (oppose) a petition to change a name of an adult. File it in the court where the petition was filed.

- File this objection within 30 days of when the petition was filed.
- You must serve a copy of this objection on the person who has asked for a name change (the petitioner).
- The court may hold a hearing.

I, _____, whose address is _____,

Name

Address

whose telephone number is _____, and whose e-mail address (if any) is _____

Telephone number

_____, object to the petition to change the name of _____

E-mail

_____ to _____.

Current name of adult

Desired name of adult

My relationship to the subject of the petition, _____ is _____.

Current name of adult

Relationship

I object to the petition for change of name because:

(Explain why you oppose the change of name. The reasons must be based on your personal observations or knowledge. Attach additional sheets if needed.)

AFFIDAVIT

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of this document are true.

_____	_____	_____
Date	Signature of Petitioner/Attorney	Attorney Number
_____	_____	_____
Street Address	Printed Name	
_____	_____	_____
City, State, Zip	Telephone Number	
_____	_____	_____
E-mail	Fax	

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Objection to Petition for Change of Name of an Adult as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ hand delivery on _____
Date Date

service on registered user via MDEC system on the effective date of filing.

_____	_____	_____
Date	Signature	Attorney Number

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).