



CIRCUIT COURT FOR _____, MARYLAND
巡回法院 _____ 马里兰

City/County
市/县

Located at _____ Telephone _____
地址 _____ 电话 _____

Court Address
法院地址

Case No. _____
案件编号 _____

IN THE MATTER OF:
事项:

Your current legal name
您的现用合法名字

Address
地址

City, State, Zip
城市、州、邮政编码

FOR CHANGE OF NAME TO:
更名为:

Name you want to be known as
您想使用的新名字

OBJECTION TO PETITION FOR CHANGE OF NAME OF AN ADULT

成年人更名申请异议

(Md. Rule 15-901(e))

(《马里兰州法规》第 15-901(e) 条)

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.

注意: 使用本表格来拒绝(反对)成年人的更名申请。应向本更名申请递交之法院递交本异议。

- File this objection within 30 days of when the petition was filed.
应在本更名申请递交后的 30 天内递交本异议。
- You must serve a copy of this objection on the person who has asked for a name change (the petitioner).
您应向申请进行更名之人(申请人)送达一份本异议的副本。
- The court may hold a hearing.
该法庭会举行听证会。

I, _____, whose address is _____
Name Address

whose telephone number is _____, and whose email 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

本人, _____ 姓名 _____ 地址 _____
手机号码为 _____, 以及电子邮件地址(若有)为 _____
_____ 电话号码 _____, 对将名字从 _____
_____ 电子邮件 _____ 更改为 _____ 的更名申请提出异议。
_____ 成年人的现用姓名 _____ 成年人想用的姓名 _____
我与申请之人的关系, _____ 是 _____ 成年人的现用姓名 _____ 关系 _____。

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)*:
我对该更名申请提出异议, 因为 (请解释您为什么反对这一更名。所述理由必须基于您个人的观察结果和所知。如有必要请另附页):

AFFIDAVIT
宣誓书

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

我郑重地确认, 据我所知, 本文件中的内容真实无误, 如有不实之处甘愿受作伪证之处罚。

Date
日期

Address
地址

City, State, Zip
城市、州、邮政编码

E-mail
电子邮件

Signature of Petitioner/Attorney
申请人/律师签名

Attorney Number
律师编号

Printed Name
正写姓名

Telephone Number
电话号码

Fax
传真

CERTIFICATE OF SERVICE
送达证明

I certify that on _____, a copy of this motion was ☐ mailed, first-class mail, postage prepaid
Date

☐ hand delivered to:

本人证实 _____ : 此动议的副本 已通过邮资预付的邮寄 由专人送达至:
日期

Name
姓名

Name
姓名

Date
日期

Address
地址

City, State, Zip
城市、州、邮政编码

Address
地址

City, State, Zip
城市、州、邮政编码

Signature of Party Serving
送达方签名