

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, 但向法院提交的表格必须用英语填写.



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:

Minor's current legal name
未成年人的现用合法姓名

Address
地址

City, State, Zip
城市、州、邮政编码

FOR JUDICIAL DECLARATION OF GENDER IDENTITY AS:
对于性别认同的司法声明:

Gender designation desired
想要的性别标注

MINOR'S CONSENT OBJECTION TO JUDICIAL DECLARATION OF GENDER IDENTITY WITH WITHOUT A NAME CHANGE

**未成年人性别认同司法声明 同意书 异议
更名 不更名**

**(Md. Rule 15-902(c)(3)(A))
《马里兰州法规》第 15-902 条(c)(3)(A))**

NOTE: Use this form to tell the court if you are at least 10 years old and consent to (agree) or object to (oppose) your parent's, guardian's, or custodian's request for a court to declare your gender identity, with or without a name change.
注意: 使用本表格告知法院, 您是否年满 10 周岁, 并且同意(赞成)或拒绝(反对)您的父母、监护人或看护人要求法院声明您的性别认同(无论是否更改姓名)的请求。

My name is _____ . I was born on _____
Your current name Your birth date

and I am _____ years old.
Age

我的姓名是 _____ 。我的出生日期是 _____
您的现用姓名 您的出生日期

我 _____ 岁。
年龄

My parent guardian custodian, _____, is asking the court
Name of your parent, guardian, or custodian

for a declaration of my gender identity as _____.
Gender designation desired

我的 父母 监护人 看护人, _____, 要求法院
您的父母、监护人或看护人的姓名

声明我的性别认同是 _____。
想要的性别标注

I: *(select one)*

I. *(选择一项)*

consent to (agree) the declaration of my gender identity as _____.
Gender designation desired

同意(赞成)声明我的性别认同是 _____。
想要的性别标注

object to (oppose) the declaration.

拒绝(反对)此声明。

Complete this section if your parent, guardian, or custodian is also asking to change your name.

如果您的父母、监护人或看护人也要求更改您的姓名, 请填写此部分。

I: *(select one)*

I. *(选择一项)*

consent to (agree) changing my name from _____ to _____
Your current name

_____ .
The name requested

同意(赞成)我的姓名从 _____ 更改为 _____
您的现用姓名

_____ .
想要的姓名

object to (oppose) changing my name.

拒绝(反对)我更名。

Date
日期

Signature
签名

Printed Name
印刷体姓名

Address
地址

City, State, Zip
城市、州、邮政编码

Telephone
电话

E-mail
电子邮件