

DISTRICT COURT FOR THURSTON COUNTY, WASHINGTON

IN THE MATTER of the Change of Name of) No. _____
OLD NAME SMITH)
PETITION FOR ADULT NAME CHANGE

Petitioner is a resident of Thurston County, Washington. Petitioner does not seek this name change to defraud or mislead any person. Petitioner declares further: (check all boxes that pertain to you)

I wish to change my name from: OLD NAME SMITH
(Current First, Middle and Last Name)
to: NEW NAME
(Proposed First, Middle and Last Name)

- Petitioner is currently under the jurisdiction of the Department of Corrections (DOC) and will submit a copy of the Petition for Name Change to DOC at least five (5) days prior to this hearing.
- Petitioner is subject to registration requirements as a sex offender and will submit a copy of this application to the Sheriff of the petitioner's county of residence and to the Washington State Patrol at least five (5) days prior to this hearing.

A photo ID is presented with this Petition. Petitioner is 33 years of age.

This application is made for the following reasons:

This is the name which is best suited for my lived identity. This name is more culturally appropriate for my lived identity.

I have used the following additional name(s) either currently or in the past: If none, then enter "none."

1. NONE 2. _____
(First) (Middle) (Last) (First) (Middle) (Last)

I declare under penalty of perjury under the laws of the State of Washington that the statements in this petition are true and correct and that I have checked all boxes that pertain to me.

Signed at Seattle, WA, on June 1, 2019
(City and State) (Date)

OLD NAME SMITH Old Name Smith
(Petitioner's Printed Full, Middle and Last Name) (Petitioner's Signature)

A hearing on this Petition will be held _____, 2 _____ at _____ [] am [] pm.