

SNOHOMISH COUNTY DISTRICT COURT

Cascade Division
415 East Burke Street
Arlington WA 98223-1099
(360) 435-7700

Everett Division
3000 Rockefeller M/S 508
Everett WA 98201
(425) 388-3331

Evergreen Division
14414 179th Ave SE
Monroe WA 98272
(360) 805-6776

South Division
20520 68th Ave W
Lynnwood WA 98036
(425) 774-8803

In re the matter of:
COHEN, STEVEN DOUGLAS
Petitioner.

CASE NO.

PETITION FOR CHANGE OF NAME (ADULT)

- 1. Are you a United States citizen?
2. Do you reside in Snohomish County?
3. I am applying for a court order which will change:

My name from COHEN STEVEN DOUGLAS
to COHEN STEPHANIE DANA

4. My Address is: 1234 5th St. Monroe, WA 98201
Telephone Number: (555) 555-5555

5. This application is made for the following reasons:
This name is better suited to my lived identity.
This is the name that I use.

6. This application is not made for any illegal or fraudulent purpose.
a. I am not under the jurisdiction of the Department of Corrections
b. I am not required by law to register as a sex offender.

7. The change of name will not be detrimental to the interests of any other person.

8. Petitioner's: Date of Birth 09/30/1981
Place of Birth Monroe, WA
Parent Name (Mother) COHEN SUSAN JANE
(Father) COHEN ARNOLD JAMES

I declare under penalty of perjury, under the laws of the State of Washington, that the foregoing statements in this Petition are true and correct.

Signed at Monroe, WA
(City and State)

[Signature]
Petitioner

Date: 7/2/19

N/A
Title, if any