

\$296.50 payable to Clallam County District Court II (\$93 filing fee and \$203.50 recording fee with Auditor) Waiver of fees available.

CLALLAM COUNTY DISTRICT COURT II, STATE OF WASHINGTON

IN THE MATTER OF THE CHANGE OF NAME OF:

No. _____

_____,
PETITIONER.

**PETITION FOR CHANGE OF NAME
(ADULT PETITIONER)**

COMES NOW the undersigned Petitioner, pursuant to RCW 4.24.130, and requests an order changing his/her/their name; and states the following –

1. I am the Petitioner.
2. I am an offender under the jurisdiction of the Department of Corrections. Yes No
[If I am an offender under the jurisdiction of the Department of Corrections, it is a crime for me to fail to provide 5 days' notice of this proposed change of my name to the Department of Corrections. RCW 4.24.130(2).]
3. I am required to register as a sex offender. Yes No
[If I am required to register as a sex offender, it is a crime for me to fail to provide 5 days' notice of this proposed change of my name to the Clallam County Sheriff and Washington State Patrol. RCW 4.24.130(3), 9A.44.130(7); 9A.44.132(1).]
4. This petition is not made for any fraudulent purpose and does not infringe upon the rights of others.
5. I request this Court change my name for the following reason(s) –

WHEREFORE, Petitioner requests that his/her/their name be changed as follows –

CURRENT NAME

FIRST NAME	MIDDLE NAME	LAST NAME

REQUESTED NEW NAME

FIRST NAME	MIDDLE NAME	LAST NAME

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATE

PLACE

PETITIONER

HEARING DATE/TIME: _____ 502 E DIVISION, FORKS, WA