❑ County Court ❑ District Court _____ County, Colorado Court Address: **In the Matter of the Petition of:** **For a Change of Name to:**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	Case Number: Division Courtroom

PETITION FOR CHANGE OF NAME (ADULT)

1. My current full name is_____ _____ _____
   First Name Middle Name Last Name
2. I wish to change my name to _____ _____ _____
   First Name Middle Name Last Name
3. My date of birth is _____
4. I am 18 years of age or older.
5. I am a resident of _____County.
6. I have not been convicted of a felony or adjudicated a juvenile delinquent for an offense that would constitute a felony if committed by an adult in this state or any other state or under federal law. My certified, fingerprint-based criminal history record check from the FBI is attached as Exhibit A and my certified, fingerprint-based criminal history record check from the CBI is attached as Exhibit B. Both are dated within 90 days of the filing of this Petition pursuant to §13-15-101(b), C.R.S.
7. I am requesting a name change for the following reason(s): _____

   _____
8. The proposed change of name would be proper and not detrimental to the interest of any other person.
9. ❑ I ask the Court to order publication of my name change request as required by § 13-15-102, C.R.S.
   Or
   ❑ Publication of my name change request is not required for the following reason(s):

_____

I ask the court to order the name change. I _____, swear/affirm under oath that I have read the foregoing Petition and that the statements contained in this Petition are true to the best of my knowledge.

Date: _____

_____
Signature of Petitioner

_____
Address

_____
City, State, Zip Code

_____
Telephone #: (home) (work) (cell)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20 _____.

My Commission Expires: _____

_____
Deputy Clerk/Notary Public

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