APPLICATION FOR CHANGE OF NAME (ADULT)

COMMONWEALTH OF VIRGINIA VA. CODE § 8.01-217

VIF	RGINIA: In the	Circuit Court of the [] City [] County of	·						
IN I	RE:(APPLICANT'S	5 PRESENT NAME) FIRST	MIDD	LE L.	AST	SUFFIX				
	COMES N	OW, the applicant, an	d after being duly swo	orn states under oath as follows	s:					
1.	Applicant's Bir	th Name:	FIRST	MIDDLE	LAST	SUFFIX				
2.	City or County	of Residence:								
3.	Residence Adda	ress:		STREET ADDRESS						
	CITY			STATE	ZIP CODE	COUNTRY				
4.	Mailing Address: IF DIFFERENT FROM RESIDENCE ADDRESS									
5a. Date of Birth: 5b. Place of Birth:										
6.	Full Names of	Parents								
6a.	Full Name:	FIRST	MIDDLE	MAIDEN (IF APPLICABLE)	CURRENT LAST	SUFFIX				
6b.	Full Name:	FIRST	MIDDLE	MAIDEN (IF APPLICABLE)	CURRENT LAST	SUFFIX				
7.	Reason for nam	ne change application:								
	[] Supplemental sheet attached									
		-		es" or "No" box and providi		-				
8.	•	[] Yes								
9.		[] Yes								
	If yes, indicate facility name and location: If yes, indicate name(s) of court(s) where convicted:									
10	•									
10.	Are you a probationer with any court(s)? ** [] Yes [] No If yes, indicate court(s) name:									
	if yes, marcate court(s) name.									
	Are you a perso Crimes Against		[] No							
	If yes, indicate court(s) where conviction occurred that resulted in the requirement to register:									
12.	Have you previous (If yes, attach co	[] Yes	[] No							

** No application of a probationer, incarcerated person, or person for whom registration with the Sex Offender and Crimes Against Minors Registry is required shall be accepted unless the Court finds good cause exists for such application under the reasons alleged in the application for the requested change of name. Attach explanatory documentation to the application.

as amended, the applicant requests that the Court order a change of name from:											
FI	RST	MIDDLE	 I	AST	SUFFIX						
to											
FII	RST	MIDDLE	L	AST	SUFFIX						
				APPLICANT							
Commonwealth/Sta	te of										
[] City [] (County of										
Subscribed and sworn to/affirmed before me this											
by											
DATE			[] CLERK [] DEPUTY CLERK								
			NOTARY PUBLIC My								
			Reg	gistration No							

WHEREFORE, the undersigned applicant further certifies under oath that this name change is not sought for any fraudulent purposes and will not infringe upon the rights of others, and pursuant to § 8.01-217 of the Code of Virginia, 1950,