

Using This Revisable PDF Form

1. Copies
 - a. Original – to court.
 - b. Additional copies as dictated by local practice. Please contact the local circuit court clerk’s office to determine if additional copies are needed.
2. Prepared by person requesting that the child’s name be changed (the applicant).
3. Attachments – Attach copy of court order if child’s name has been previously changed. On page 1 of the form, see Data Element No. 4.
4. Preparation details –
 - a. This form can only be used to petition for a change of name of a child. For an adult name change, use form CC-1426, APPLICATION FOR CHANGE OF NAME (ADULT).
 - b. On page 1 of the form, Data Element Nos. 2-21 are completed by the applicant. On page 2 of the form, Data Element Nos. 1-3 are completed by the applicant. The applicant’s signature (Data Element 3 on page 2 of the form) is not entered online.
 - c. On page 2 of the form, Data Element Nos. 4-8 are completed by the clerk, deputy clerk or notary public taking the applicant’s acknowledgment and are not filled out online.

APPLICATION FOR CHANGE OF NAME (MINOR)

Case No. 1

Commonwealth of Virginia Va. Code § 8.01-217

In the Circuit Court of the [] City [] County of 2

In re: 3 (MINOR'S NAME) FIRST MIDDLE LAST SUFFIX

COMES NOW, the applicant, and after being duly sworn states under oath as follows:

- 1. Minor's name is stated accurately above and [] has 4 [] has not been previously changed. If so, court order is attached.
2. Applicant's Name: 5 (FIRST MIDDLE LAST SUFFIX)
2a. Residence Address: 6 (STREET ADDRESS CITY STATE ZIP CODE COUNTRY)
2b. Mailing Address: 7 (IF DIFFERENT FROM RESIDENCE ADDRESS)
3. Relationship to minor: 8 [] Mother [] Father [] Guardian [] Next Friend []

Provide the following information about the minor.

- 4. Date and Place of Birth: 9 (DATE OF BIRTH) 10 (PLACE OF BIRTH)
5. City or county of residence: 11
6. Address if different from applicant's: 12 (STREET ADDRESS CITY STATE ZIP CODE COUNTRY)
7. Father's Full Name: 13 (FIRST MIDDLE LAST SUFFIX)
7a. Residence Address: 14 (STREET ADDRESS CITY STATE ZIP CODE COUNTRY)
7b. Mailing Address: 15 (IF DIFFERENT FROM RESIDENCE ADDRESS)
8. Mother's Full Name: 16 (FIRST MIDDLE MAIDEN CURRENT LAST)
8a. Residence Address: 17 (STREET ADDRESS CITY STATE ZIP CODE COUNTRY)
8b. Mailing Address: 18 (IF DIFFERENT FROM RESIDENCE ADDRESS)

Answer the following questions by checking appropriate "Yes" or "No" box and providing information as requested.

- 9. Has the minor ever been convicted of a felony? 19 [] Yes [] No
10. Is the minor currently incarcerated? ** 20 [] Yes [] No
If yes, indicate facility name:
Facility Location:
11. Is the minor a probationer with any court? ** 21 [] Yes [] No
If yes, indicate court name:

** An application for the change of name of a probationer or incarcerated person MAY be accepted if the Court finds good cause exists for such application. Attach explanatory documentation to the application.

Data Elements, page one

1. Court case number.
2. Check box to indicate city or county and enter name of circuit court.
3. Style of case (enter child's full current name).
4. Check appropriate box. See USING THIS REVISABLE PDF FORM, 3.
5. Enter full name of applicant.
6. Enter residential address of applicant.
7. Enter applicant's mailing address, if different from residence.
8. Check appropriate box.
9. Enter child's date of birth.
10. Enter child's place of birth.
11. Enter child's city or county of residence.
12. Enter child's address, if different from applicant's address.
13. Enter full name of child's father.
14. Enter residential address of child's father.
15. Enter father's mailing address, if different from residence.
16. Enter full name of child's mother.
17. Enter residential address of child's mother.
18. Enter mother's mailing address, if different from residence.
19. Check the applicable box.
20. Check the applicable box. If "yes" is checked, provide the name of the facility and the location of the facility in which the applicant is currently incarcerated.
21. Check the applicable box. If "yes" is checked, provide the name of the court that placed applicant on probation.

WHEREFORE, pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, the applicant requests that the Court find that a change of name is in the best interest of the minor and order a change of the minor's name from:

..... 1
FIRST MIDDLE LAST SUFFIX

to

..... 2
FIRST MIDDLE LAST SUFFIX

..... 3
SIGNATURE OF APPLICANT

Commonwealth/State of 4

[] City [] County of 5

The forgoing instrument was subscribed and sworn to/affirmed before me this

..... day of 6, 20

by 7
NAME OF APPLICANT

..... 8
[] CLERK [] DEPUTY CLERK
[] NOTARY PUBLIC My commission expires:
Registration No.

9 [] JOINT APPLICATION: I join in this Application for Change of Name (Minor)

Name: 10
FIRST MIDDLE LAST SUFFIX

Residence Address: 11
STREET ADDRESS

..... CITY STATE ZIP COUNTRY

Mailing Address: 12
IF DIFFERENT FROM RESIDENCE ADDRESS

Relationship to minor: [] Mother [] Father 13

..... 14
SIGNATURE OF PERSON JOINING APPLICATION

Commonwealth/State of 15

[] City [] County of 16

The forgoing instrument was subscribed and sworn to/affirmed before me this

..... day of 17, 20

by 18
NAME OF PERSON JOINING APPLICATION

..... 19
[] CLERK [] DEPUTY CLERK
[] NOTARY PUBLIC My commission expires:
Registration No.

Data Elements, page two

1. Enter full current name of child.
2. Enter full name of child if court orders the change of name applicant seeks.
3. Signature of applicant. Signature not entered online.
4. Enter name of state in which certificate of acknowledgment is completed by clerk, deputy clerk or notary public. Not filled out online.
5. Check appropriate box and enter name of city or county where acknowledgment is taken. Not filled out online.
6. Enter date of acknowledgment of this document. Not filled out online.
7. Print name of person whose signature appears in Data Element No. 3.
8. Signature of clerk, deputy clerk or notary public completing certificate of acknowledgment. If completed by notary public, enter date commission expires and registration number. Not filled out online.
9. Check this box if applicable.
10. Enter full name of person joining application.
11. Enter residence address of person joining application.
12. Enter mailing address of person joining application, if difference from residence.
13. Check appropriate box.
14. Signature of person joining application.
15. Enter name of state in which certificate of acknowledgment is completed by clerk, deputy clerk or notary public. Not filled out online.
16. Check appropriate box and enter name of city or county where acknowledgment is taken. Not filled out online.
17. Enter date of acknowledgment of this document. Not filled out online.
18. Print name of person whose signature appears in Data Element No. 14.
19. Signature of clerk, deputy clerk or notary public completing certificate of acknowledgment. If completed by notary public, enter date commission expires and registration number. Not filled out online.