

WAHKIAKUM COUNTY DISTRICT COURT, STATE OF WASHINGTON

IN THE MATTER OF THE CHANGE OF NAME OF: _____, PETITIONER.	No. _____ PETITION FOR CHANGE OF NAME (ADULT PETITIONER)
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1. I am the Petitioner, am a Washington State resident, and am 18 years of age or older.
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 five (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 five (5) days' notice of this proposed change of my name to the County Sheriff of my county of residence and to Washington State Patrol; and if the name change is granted, to fail to submit a copy of the name change order to those agencies within three (3) business days of entry of the order. 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 want to change my name for the following reason(s):

I request that my name be changed as follows:

CURRENT NAME

FIRST NAME	MIDDLE NAME	LAST NAME

REQUESTED NEW NAME

FIRST NAME	MIDDLE NAME	LAST NAME

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

DATE

PLACE

PETITIONER