

Person Filing Petition:

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

In the Matter of a Change of Name for: \_\_\_\_\_ )

\_\_\_\_\_ )

A Minor Child (current legal name) \_\_\_\_\_ )

Date of Birth \_\_\_\_\_ )

By: \_\_\_\_\_ )

Petitioner (parent or legal guardian) \_\_\_\_\_ )

CASE NO. \_\_\_\_\_ CI

**PETITION TO  
CHANGE CHILD'S NAME**

Petitioner requests that the Court change the name of the minor child as follows:

- The minor child's current legal name is: *[You should consult the child's original birth certificate to ensure the current name written below is accurate. You will not be able to obtain a birth certificate with a new name from Health Analytics and Vital Records if the name written below does not exactly match existing records.]*

First Name	Middle Name	Last Name
_____	_____	_____

- I wish the child to take and be legally known by a new name, which is:

First Name	Middle Name	Last Name
_____	_____	_____

- I am the minor child's legal  mother  father  guardian.

- Consent to this name change by \_\_\_\_\_ the minor child's:

mother  father Name of Non-Petitioning Parent \_\_\_\_\_

is attached.

is not attached.

is not necessary because:

this parent is deceased. A certified copy of the child's birth certificate and the parent's death certificate are attached.

parental rights were terminated on \_\_\_\_\_ in a court in the state of \_\_\_\_\_

other: \_\_\_\_\_

- The reasons for this request are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. This name change is sought for personal reasons and not to avoid judgments, debts, obligations, or to defraud any person. The reasons stated are consistent with the public interest.

VERIFICATION

I state on oath or affirm that I have read this document and believe all statements made in it are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Printed Name

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_.  
(Date)

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person  
authorized to administer oaths.  
My commission expires: \_\_\_\_\_