IN THE CIRCUIT COURT OF _____ , MISSOURI
(County where court is located. City of Saint Louis is considered a county.)

Case Number _____ **Division Number**_____
(Will be assigned when case is filed) *(Will be assigned when case is filed)*

In re:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
Petitioner *(Enter your full legal name above)*

Petition for Change of Name (For Adult Individual)

Your Information (You are the "Petitioner" in this case)

1. My current full legal name is:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. My full legal name at birth (prior to first marriage) was *(Check one of the two boxes)*:

   ☐ _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

   ☐ Same as current full legal name.

3. I want to change my name to:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

4. *Check one of the two boxes.*

   ☐ This is the first petition I have filed in this case. (Original Petition)

   ☐ This is the second petition I have filed in this case.

5. My mailing address is:

   _____
   (Street)

   _____ _____ _____
   (City) *(State)* *(Zip)*

   _____ _____
   (Telephone Number with Area Code) *(E-mail Address - Optional)*

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6. My parent's full legal name is:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Maiden Name - if applicable)* *(Last Name)*

_____
(Jr./Sr./III)

7. My other parent's (father or mother) full legal name is:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Maiden Name - if applicable)* *(Last Name)*

_____
(Jr./Sr./III)

8. My husband's or wife's full legal name is:

_____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

9. My birth date is: _____
(mm/dd/yyyy)

10. My place of birth is: _____ _____ _____
(City) *(State)* *(Country)*

11. The change of my name would not be detrimental to any other person.

12. I want to change my name because:

_____

_____

13. I reside in ☐ the United States ☐ another country, which is:

_____

14. I reside in the State of _____.

15. I reside in the County of _____.

16. *Check one of the two boxes.*

☐ My name has never been changed.

☐ My name has previously been changed as follows:

State the name and number of the case in which the judgment was entered and the court in which the judgment was entered.

_____

_____

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17. *Check all boxes that apply.*

☐ I am the victim of a crime based upon domestic violence as defined in §455.010, RSMo.

☐ I am the victim of child abuse as defined in §210.110, RSMo.

☐ I am the victim of abuse by a family or household member as defined in §455.010, RSMo.

☐ None of the above.

18. *Check one of the two boxes.*

☐ There are no unsatisfied money judgments against me.

☐ There are unsatisfied money judgments against me in the following cases:

State the name and number of the case in which the judgment was entered and the court in which the judgment was entered.

_____

_____

19. *Check one of the two boxes.*

☐ There are no cases requesting money pending against me.

☐ The following cases in which money is requested are pending against me:

State the name and number of the case and the court in which it is pending.

_____

_____

Children's Information

20. I have _____ child(ren) who is/are listed below.

Enter the number of children above. Enter each child's full name below as it appears on the birth certificate. Also state the age and address of each child. If you have more than six children, attach an additional page.

a. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

b. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

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c. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

d. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

e. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

f. _____ _____ _____ _____ _____
(First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)* *(Child's Age)*

_____ _____ _____ _____
(Street) *(City)* *(State)* *(Zip)*

Request for Relief

THEREFORE, I ask the court to change my name from the name stated in Paragraph 1 above to the name stated in Paragraph 3 above.

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Sign Below in the Presence of a Notary Public

Petitioner, of lawful age, being duly sworn on his or her oath, states that he or she is the petitioner named above and that the facts stated in this *Petition for Change of Name (For Adult Individual)* are true according to his or her best knowledge, information and belief.

▶ _____ _____

(Sign above in the presence of a Notary Public) (*Print your name above)*

The following information must be completed by a notary public.

STATE OF _____)
) SS
COUNTY OF_____)

On this _____ day of _____, 20 _____, before me personally appeared, _____ , to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

_____
_____, Notary Public
_____ County, State of Missouri

My commission expires: _____

Attorney Information

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

☐ I have assisted Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.

_____ _____
(Attorney - Sign above) *(Missouri Bar Number)*

_____
(Attorney - Print your name above)

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

_____ _____ _____
(Telephone Number with Area Code) *(Fax Number with Area Code)* *(E-mail Address - Optional)*

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