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

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

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

In re:

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

Petition for Change of Name by Parent (For Minor Child)

Your Information (You are the "Next Friend" in this case)

1. My full legal name is:

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

   _____
   (Jr./Sr./III)

2. *Check one of the two boxes.*
   - ☐ This is the first petition that has been filed in this case. (Original petition)
   - ☐ This is the second petition that has been filed in this case.

3. *Check one of the two boxes.*
   - ☐ I am the mother of the child.
   - ☐ I am the father of the child.

4. My mailing address is:

   _____
   (Street)

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

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

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5. The other parent's (father or mother) full legal name and mailing address are:

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

_____
(Jr./Sr./III)

_____
(Street)

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

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

6. *Check one of the two boxes.*

☐ The other parent of the child has signed *Consent to Minor Child's Change of Name* (CAFC412), which is attached hereto.

☐ The other parent of the child has NOT signed *Consent to Minor Child's Change of Name* (CAFC412) and therefore notice of hearing must be sent to him or her by the clerk of court.

Child's Information (The child is the "Petitioner" in this case)

7. The child's full legal name is:

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

8. The child wants to change his or her name to:

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

9. The child's mailing address is:

_____
(Street)

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

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

10. The child's birth date is: _____
(mm/dd/yyyy)

11. The child's place of birth is: _____ _____ _____
(City) *(State)* *(Country)*

12. The change of the child's name would not be detrimental to any other person.

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13. The minor child wants to change his or her name because:

_____

_____

14. The child resides in ☐ the United States ☐ another country, which is:

_____

15. The child resides in the State of _____ .

16. The child resides in the County of _____ .

17. *Check one of the two boxes.*

☐ The child's name has never been changed.

☐ The child's 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.

_____

_____

18. *Check all boxes that apply.*

☐ The child is the victim of a crime based upon domestic violence as defined in §455.010, RSMo.

☐ The child is the victim of child abuse as defined in §210.110, RSMo.

☐ The child is the victim of abuse by a family or household member as defined in §455.010, RSMo.

☐ None of the above.

19. *Check one of the two boxes.*

☐ There are no unsatisfied money judgments against the child.

☐ There are unsatisfied money judgments against the child 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.

_____

_____

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20. *Check one of the two boxes.*

☐ There are no cases requesting money pending against the child.

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

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

_____

_____

Request for Relief

THEREFORE, I ask the court to change the child's name from the name stated in Paragraph 7 above to the name stated in Paragraph 8 above.

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Sign Below in the Presence of a Notary Public

Petitioner, by and through his or her Next Friend, _____ , states that
(Name of Next Friend)
he or she is the petitioner named above and that the facts stated in this *Petition for Change of Name by Parent (For Minor Child)* are true according to his or her best knowledge, information and belief.

▶ _____
(Next Friend - Sign above in the presence of a Notary Public)

_____
(Next Friend - 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, _____ , Next Friend, 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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