

IN THE CIRCUIT COURT OF _____, MISSOURI

	}	Case No. _____
		Division No. _____

Petitioner(s),

Change of Name Judgment

Parties

1. Appearances *(Check all that apply)*
- | | | |
|---|---|---|
| <input type="checkbox"/> Petitioner(s) appears in person. | <input type="checkbox"/> Petitioner(s) appears by attorney. | <input type="checkbox"/> Petitioner(s) appear by Next Friend. |
| <input type="checkbox"/> _____ appears in person. | <input type="checkbox"/> _____ appears by attorney. | |

2. The court finds that the change of name(s) would be proper and would not be detrimental to the interests of any other person.

3. The name(s) of Petitioner(s) is/are changed as follows:

From	To	Birth Date

Change of Birth Records

4. It is further ordered that the Division of Health and Senior Services, Bureau of Vital Statistics for the State of Missouri alter the birth certificate(s) of Petitioner(s) to reflect this judgment. This judgment shall be mailed by the Petitioner(s) to the Division of Health and Senior Services
- It is further ordered that the State of _____ alter the birth certificates(s) of Petitioner(s) to reflect this judgment. This judgment shall be mailed by the Petitioner(s) to the appropriate state of birth of Petitioner(s).

Notice

5. Notice of the change of name(s) shall be published at least once each week for three consecutive weeks in the following newspaper of general circulation:
-
- No notice of change of name is to be published because the petitioner is the victim of a crime based upon domestic violence as defined in §455.200, RSMo; or the victim of child abuse as defined in §210.110, RSMo; or the victim of abuse by a family or household member, as defined in §455.010, RSMo.

Court Costs

6. Court costs are to be paid from the court cost deposit(s) previously posted.
 Court costs are waived.

Waiver of Right to Rehearing *(If case is heard by a Commissioner pursuant to §487.010, RSMo et seq.)*

- We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

(If heard by a Family Court Judge)

Judge _____ Date _____

(If heard by a Family Court Commissioner)

Findings and Recommendations of Commissioner:

Commissioner _____ Date _____

All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.

Judge _____ Date _____

A certified copy of this judgment is to be mailed to the following person(s): *(Check all applicable boxes)*

<input type="checkbox"/> Petitioner's Attorney	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Petitioner
_____	_____	_____
<i>(Signature of Attorney)</i>	<i>(Signature of Petitioner)</i>	<i>(Signature of Petitioner)</i>
_____	_____	_____
<i>(Street)</i>	<i>(Street)</i>	<i>(Street)</i>
_____	_____	_____
<i>(City)</i> _____	<i>(City)</i> _____	<i>(City)</i> _____
<i>(State)</i> _____	<i>(State)</i> _____	<i>(State)</i> _____
<i>(Zip)</i> _____	<i>(Zip)</i> _____	<i>(Zip)</i> _____
_____	_____	_____
<i>(Telephone Number)</i>	<i>(Telephone Number)</i>	<i>(Telephone Number)</i>