

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

In re:

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

**Case Number** \_\_\_\_\_  
(Use number on Petition)

**Division Number** \_\_\_\_\_  
(Use number on Petition)

### Judgment for Change of Name of Minor Child

1. Parties Appearing (Complete all that apply)

**Petitioner** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

The child is the Petitioner in this case.

- appears in person.
- appears by Next Friend.
- appears by Attorney.
- is 14 years or older and has agreed to \_\_\_\_\_ serving as Next Friend.

**Next Friend** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

- appears in person.
- appears by Attorney.
- is the mother of Petitioner.
- is the father of Petitioner.

**Other Parent** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

- appears in person.
- appears by Attorney.
- has filed *Consent to Minor Child's Change of Name*.
- is the mother of Petitioner.
- is the father of Petitioner.

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

3. The name of Petitioner is changed as follows:

**From** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

**To** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

4. Change of Birth Records (Check one of the two boxes)

- 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 of Petitioner to reflect this judgment. This judgment shall be mailed by the Petitioner to the Division of Health and Senior Services.
- It is further ordered that the State of \_\_\_\_\_ alter the birth certificate of Petitioner to reflect this judgment. This judgment shall be mailed by the Petitioner to the appropriate state of birth of Petitioner.

5. Notice (Check one of the two boxes)

- Notice of the change of name 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 §455.010, 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.

6. Court Costs (Check one of the two boxes)

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

7. 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.

- Signature of Petitioner's Attorney \_\_\_\_\_
- Signature of Next Friend \_\_\_\_\_
- Signature of Next Friend's Attorney \_\_\_\_\_
- Signature of Other Parent \_\_\_\_\_
- Signature of Other Parent's Attorney \_\_\_\_\_

*(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"/> _____<br><i>(Print Name of Petitioner's Attorney)</i> | <input type="checkbox"/> _____<br><i>(Print Name of Next Friend)</i>             | <input type="checkbox"/> _____<br><i>(Print Name of Next Friend's Attorney)</i> |
| _____<br><i>(Street)</i>   | _____<br><i>(Street)</i>   | _____<br><i>(Street)</i>  |
| _____<br><i>(City, State, Zip)</i>   | _____<br><i>(City, State, Zip)</i>   | _____<br><i>(City, State, Zip)</i>  |
| ( ) _____<br><i>(Telephone Number with Area Code)</i>                          | ( ) _____<br><i>(Telephone Number with Area Code)</i>                            | ( ) _____<br><i>(Telephone Number with Area Code)</i>                           |
| <input type="checkbox"/> _____<br><i>(Print Name of Other Parent)</i>          | <input type="checkbox"/> _____<br><i>(Print Name of Other Parent's Attorney)</i> |   |
| _____<br><i>(Street)</i>   | _____<br><i>(Street)</i>   |   |
| _____<br><i>(City, State, Zip)</i>   | _____<br><i>(City, State, Zip)</i>   |   |
| ( ) _____<br><i>(Telephone Number with Area Code)</i>                          | ( ) _____<br><i>(Telephone Number with Area Code)</i>                            |   |