

**Columbia County District Court
Civil Department**

**NAME CHANGE PROCEDURE
(MINOR)**

Instructions to Petitioner

STEP 1: Complete the Petition and file originals with the District Court along with the filing fee.

Pay the following costs:

Filing Fee	\$ 73.00
Certified Copies	\$ 5.00 (each copy)
Recording with Auditor	\$ ** Check with Auditor's Office for fees

STEP 2: The case will then be scheduled for hearing and presented to a judge for approval.

STEP 3: You may purchase certified copies of the signed Order for your records.

If you were born in Washington State and wish to change your Birth Certificate, send certified copy of court Order to:

**Department of Health
Center for Health Statistics
1112 S.E. Quince Street
P. O. Box 9709
Olympia, WA 98507-9709**

STEP 4: Record the signed Order Changing Name with the Columbia County Auditor.

Recording takes 4-6 weeks to process.

**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF COLUMBIA**

In the Matter of the Change of Name of _____)
)
)
)
)
)

No. _____

**PETITION FOR CHANGE
OF NAME (MINOR)**

Petitioner is a resident of Columbia County, Washington. Petitioner does not seek this name change to defraud or mislead any person. Petitioner declares further: (check all boxes that pertain to you)

I wish to change my minor's name from: _____
(First) (Middle) (Last)

To: _____
(First) (Middle) (Last)

Both parents of minor child have consented to changing the child's name.

Both parents of minor child have not consented to changing the child's name, but Petitioner will file proof with this Court before entry of the Order changing Name that the nonconsenting parent has been served with a copy of Notice of Hearing for Name Change in Person or by publication or proof that the other parent is deceased.

Minor is currently under the jurisdiction of the Department of Corrections (DOC) and will submit a copy of the Petition for Name Change to DOC at least five (5) days prior to this hearing.

Minor is subject to registration requirements as a sex offender and will submit a copy of this application to the sheriff of Petitioner's county of residence and to the Washington State Patrol at least five (5) days prior to this hearing.

The minor's birth certificate is presented at the time of the hearing with this petition.

Minor's age is _____.

This application is made for the following reasons. Include reasons why the requested name change will promote the minor's best interests.

Other names used by the minor are: _____

I DECLARE UNDER PENALTY OF PERJURY under the laws of the State of Washington that the foregoing statements in this petition are true and correct and that I have checked all boxes that pertain to the named minor.

SIGNED at _____, on _____, _____.
(City/State) (Date)

(Petitioner's Printed Full, Middle and Last Name)

(Petitioner's Signature)

Address

City/State/Zip

A HEARING ON THIS PETITION WILL BE HELD ON _____
AT _____ A.M./P.M.

ANY MINOR OVER THE AGE OF 10 WHOSE NAME IS REQUESTED TO BE CHANGED MUST BE PRESENT IN PERSON AT THE HEARING.

**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF COLUMBIA**

In the Matter of the Change of Name of _____)
_____)
_____)
_____)
_____)

No. _____

**AFFIDAVIT OF CONSENT TO
NAME CHANGE OF MINOR BY
BIRTH PARENT**

STATE OF WASHINGTON)
County of Columbia)

The undersigned, being first duly sworn upon oath, states: I am the birth parent of a minor whose current full name is: _____
(Current First, Middle and Last Name)

I have been informed that the petitioner in the above action wishes to change the minor's full name to: _____
(Proposed First, Middle and Last Name)

I hereby CONSENT to changing my child's name to the proposed new name shown above.

(Signature)

(Printed First, Middle and Last Name)

SUBSCRIBED and SWORN to before me this _____ day of _____, 2_____.

NOTARY PUBLIC-*State of Washington*
Residing at _____

My commission expires _____

**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF COLUMBIA**

In the Matter of the Change of Name of _____)
)
) No. _____
)
) **NOTICE OF HEARING**
) **FOR NAME CHANGE**
)

THE STATE OF WASHINGTON TO THE SAID
_____ Nonconsenting Parent:

YOU ARE HEREBY NOTIFIED that pursuant to RCW 4.24.130, a parent or legal guardian of the above named minor child has filed a Petition For Name Change of:

_____ TO _____
(Current Name) (Proposed New Name)

The hearing on this matter shall be held on the _____ day of _____, 2_____,
at _____ A.M./P.M., at the address stated below.

FAILURE TO APPEAR AT THIS HEARING OR TO RESPOND IN WRITING MAY
RESULT IN A NAME CHANGE OF THE MINOR CHILD NAMED ABOVE.

DATED: _____

FILE YOUR WRITTEN RESPONSE WITH
Columbia County District Court
535 Cameron Street
Dayton, WA 99328
Telephone (509) 382-4812

Attorney/Petitioner Name & Address.

IF THIS NOTICE IS PUBLISHED, it must be published once a week for three consecutive weeks in the city of the last known address of the absent birth parent. An affidavit of publication must be provided.

**DISTRICT COURT OF WASHINGTON
FOR COLUMBIA COUNTY**

In Re the Petition of:

Petitioner.

NO.

NOTICE OF HEARING

(NTHG)
(Optional Use)
(Clerk's Action Required)

_____ (Petitioner) has filed a petition/motion for the following
relief: PETITION FOR NAME CHANGE
[name of petition/motion]

A hearing will be held on _____ [date], at _____ a.m./p.m. at
_____ [location] to determine
whether the requested relief should be granted.

Dated: _____

COUNTY CLERK

By: _____
Deputy Clerk