

# SC NAME CHANGE PACKET



# **Instructions on using this packet:**

Below you will find the documents you will need to change your name. If properly made the Preliminary Info Form should auto-fill many sections of this packet.

Steps 1-3 of the packet can be completed simultaneously. Before you proceed to submit your packet to the court in Step 4 make sure you have a copy of each document included for your records.

# PRELIMINARY INFO FORM

(FILLING IN THESE FIELDS WILL MAKE THE REST OF THE FORMS EASIER ---  
DO NOT SEND THIS PAGE IN ANYWHERE!)

FULL BIRTH NAME: \_\_\_\_\_

BIRTH NAME (FIRST AND LAST): \_\_\_\_\_

FULL CHOSEN NAME: \_\_\_\_\_

CHOSEN NAME (FIRST AND LAST): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SEX: \_\_\_\_\_

(ON DMV FILE)

Race: \_\_\_\_\_

(ON DMV FILE)

Age: \_\_\_\_\_

ADDRESS ON YOUR DRIVER'S  
LICENSE:

\_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

(IF YOU'VE LIVED AT  
CURRENT ADDRESS FOR  
LESS THAN 1 YEAR) \_\_\_\_\_

FORMER NAMES, IF APPLICABLE: \_\_\_\_\_

(MAIDEN NAMES, NICKNAMES)

COUNTY: \_\_\_\_\_

**NOTE:** WHEN YOU FILL OUT THIS PAGE, THE MAJORITY OF THE FIELDS ON THE  
FORMS BELOW WILL BE AUTOPOPULATED FOR YOU HOWEVER SOME FIELDS WILL  
REMAIN UNFILLED.

# **STEP 1:**

## **BIRTH CERTIFICATE SECTION**



# **BIRTH CERTIFICATE** **INSTRUCTIONS:**

You will need to obtain a certified copy of your birth certificate (printed within the last 12 months). If you don't have access to your birth certificate, you will need to order one.

There are multiple ways to order your birth certificate.

Price will vary based on your selections, but the average price for obtaining a certified copy is \$24.

**RECOMMENDED**

**(works regardless of where you were born)**

Order online through [www.vitalchek.com](http://www.vitalchek.com)

Processing / Delivery timeline is ~1 week

# **STEP 2:**

# **SLED SECTION**





## South Carolina Law Enforcement Division

P.O. Box 21398  
Columbia, South Carolina  
29221-1398

Henry D. McMaster, Governor

Mark A. Keel, Chief

Tel: (803) 737-9000

### CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): \_\_\_\_\_

AKA and/or MAIDEN NAMES: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

**(A self addressed stamped envelope is required for the return of background**

#### **CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY**

NAME OF ORGANIZATION: \_\_\_\_\_

VERIFICATION NUMBER (as provided by SLED for online checks): \_\_\_\_\_

SCHOOL DISTRICTS ONLY – POSITION APPLIED FOR: \_\_\_\_\_

*(A self addressed stamped envelope is required for the return of background check)*

#### **PLEASE NOTE:**

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

***\*SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.***

(CJ-022) Revised 09/25/15



An Accredited Law Enforcement Agency



State of South Carolina

)

AFFIDAVIT

County of

)

)

Personally appeared before me the undersigned, who being duly sworn, deposes and says:

1. I am making the request for a background check and screening statement from the State Law Enforcement Division. I have never been arrested or convicted of a crime under a name other than the name(s) \_\_\_\_\_,

\_\_\_\_\_.

2. Below are the names I have used; however, I have never been arrested:

\_\_\_\_\_, \_\_\_\_\_.

3. I understand that a person who knowingly and willfully falsifies this affidavit is subject to criminal punishment as provided by law.

\_\_\_\_\_  
[Signature of Petitioner]

SWORN to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_



EXAMPLE FINGERPRINT CARD. TAKE THIS CARD TO A LOCAL LAW ENFORCEMENT CENTER WITH \$10 TO GET YOUR FINGERPRINTS DONE

APPLICANT		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME (NAME)		FIRST NAME	
Sign however you want, but keep it consistent		birth name			
RESIDENCE OF PERSON FINGERPRINTED		ALIAS/ASX		DOB	
address		all other names used		match smv licence	
DATE		CITIZENSHIP CTZ		DATE OF BIRTH DOB	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		USA		Month Day Year	
EMPLOYER AND ADDRESS		FOUR NO. OCA		PLACE OF BIRTH POB	
filled out at fingerprint office		FBI NO. FBI		city, state	
REASON FINGERPRINTED		ARMED FORCES NO. MNU		LEAVE BLANK	
name change		SOCIAL SECURITY NO. SOC		CLASS	
		MISCELLANEOUS NO. MNU		PER	
1. R. THUMB					
2. R. INDEX					
3. R. MIDDLE					
4. R. RING					
5. R. LITTLE					
6. L. THUMB					
7. L. INDEX					
8. L. MIDDLE					
9. L. RING					
10. L. LITTLE					
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY					
L. THUMB					
R. THUMB					
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					



**CHECK BEFORE YOU SEND TO SLED:**

- ☐ \$25 Money Order
- ☐ Self Addressed Stamped Envelope
- ☐ Completed Fingerprint Card
- ☐ Affidavit on Conviction of Crimes
- ☐ SLED Background Check Form

**SEND ALL OF THE ABOVE LISTED ITEMS TO  
THE ADDRESS BELOW:**

South Carolina Law Enforcement Division  
P.O. Box 21398  
Columbia, SC 29221  
ATTN: Records

**STEP 3:**  
**DSS**  
**REGISTRY**  
**CHECK**



**South Carolina Department of Social Services**  
**CONSENT TO RELEASE INFORMATION**

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

**SECTION I. Purpose for Request**

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- ☐ becoming or remaining a foster parent or potential adoptive parent; or
- ☐ becoming or remaining an employee of or a member of the state or a local foster care review board; or
- ☐ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☐ I am requesting a search **ONLY** of the Central Registry of Child Abuse and Neglect for a purpose of Name Change.

**SECTION II. Mail Results To:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ATTN: \_\_\_\_\_  
TEL. NO: \_\_\_\_\_

**SECTION III. Central Registry Check Fees: Please ☒ appropriate box and include payment. Check or Money Order (NO CASH).**

- |   |  |
|---|--|
| <input type="checkbox"/> Non-Profit Entities.....\$8.00   | <input type="checkbox"/> Name Changes.....\$8.00                     |
| <input type="checkbox"/> For-Profit Entities..... \$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00        |
| <input type="checkbox"/> State Agencies.....\$8.00        | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00               |  |

**SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Maiden/Aliases: \_\_\_\_\_ Name Change: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ SSN: (See instructions) \_\_\_\_\_  
Current Address: \_\_\_\_\_ Previous Address: (See instructions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.**

_____ Signature of Applicant	_____ Date
_____ Signature of Notary or Witness	_____ Date

**SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.**

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call \_\_\_\_\_ if you have any questions.
- ☐ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

_____ Authorized DSS Employee	_____ Date
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## INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION

### PLEASE DO NOT ALTER THIS FORM IN ANY WAY

**SECTION I: Purpose for Request:** To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking ☒ in the appropriate box.

**SECTION II: Mail Results To:** Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name and telephone number.

**SECTION III: Central Registry Fee:** Please check ☒ appropriate fee box.

**SECTION IV: Please type or print legibly the following information:**

- Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

**SECTION V:** Mail payment; completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

**South Carolina Department of Social Services  
Attention: CASHIER  
1535 Confederate Avenue  
P.O. Box 1520  
Columbia, SC 29202-1520**

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.
- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

**PLEASE CALL (803) 898-7229 IF YOU NEED ASSISTANCE COMPLETING THIS FORM.**

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After receipt by cashier and processing of payment, the Central Registry/DATA BASE check will be completed by authorized DSS personnel in the Division of Human Services.

**DSS personnel in the Division of Human Services must do the following:**

1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
2. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

#### **Distribution**

Results of the search will be sent ONLY to the individual or organization specified in Section II of this form.



**CHECK BEFORE YOU SEND TO DSS:**

- ☐ \$8 Money Order
- ☐ Completed DSS Registry Form

**SEND ALL OF THE ABOVE LISTED ITEMS TO  
THE ADDRESS BELOW:**

South Carolina Department of Social Services  
ATTN: Cashier  
P.O. Box 1520  
Columbia, SC 29202-1520

# **STEP 4:**

# **COURTHOUSE SECTION**



STATE OF SOUTH CAROLINA  
COUNTY OF \_\_\_\_\_  
THE FAMILY COURT FOR THE \_\_\_\_\_  
JUDICIAL CIRCUIT  
In Re: Name Change  
Plaintiff

**PETITION FOR NAME CHANGE**

Case No.:

The Petitioner would respectfully show unto the Court:

1. Petitioner is a resident of \_\_\_\_\_ COUNTY , South Carolina.
2. Petitioner is \_\_\_\_\_ years of age.
3. Petitioner was born in \_\_\_\_\_ on \_\_\_\_\_.
4. The name on Petitioner's birth certificate is \_\_\_\_\_; a copy of Petitioner's birth certificate is attached hereto.
5. Petitioner would like to have a name change that more accurately expresses his/her gender identity, being that he/she is Transgender.
6. Petitioner wishes to change his/her name to \_\_\_\_\_.
7. Petitioner has attached hereto the results of a criminal background check and a screening statement from SLED indicating that he/she is not listed on the division's sex offender registry.
8. Petitioner has attached hereto a screening statement from SCDSS indicating that he/she is not listed on the department's Central Registry of Child Abuse and Neglect.
9. Petitioner has attached hereto an affidavit stating that he/she is not under any court order to pay child support or alimony.
10. Petitioner does not seek to change his/her name for any fraudulent, illegal or improper purpose.

WHEREFORE, the Petitioner prays:

A. For an order from this Court legally changing Petitioner's name to \_\_\_\_\_.

B. For an order from this Court entitling Petitioner to the issuance of an amended birth certificate reflecting the name of \_\_\_\_\_.

C. For such other and further relief as this Court deems just and equitable.

Respectfully Submitted,

\_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_, South Carolina



STATE OF SOUTH CAROLINA  
THE FAMILY COURT FOR THE \_\_\_\_\_  
JUDICIAL CIRCUIT  
COUNTY OF \_\_\_\_\_  
C.A. NO.:

In re: Name Change

**AFFIDAVIT**

Plaintiff

The undersigned, being duly sworn, states the following:

I, \_\_\_\_\_ am not obligated for any outstanding child  
support or alimony payments ordered through the court in the name of  
\_\_\_\_\_. My  
date of birth is \_\_\_\_\_ or \_\_\_\_\_. My  
\_\_\_\_\_ and my Social Security number is  
\_\_\_\_\_.

Affiant

SWORN TO AND SUBSCRIBED

BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Witness

Notary Public for South Carolina

My commission expires: \_\_\_\_\_

STATE OF SOUTH CAROLINA )

IN THE FAMILY COURT  
\_\_\_\_\_ JUDICIAL CIRCUIT

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_  
Plaintiff, )**FAMILY COURT COVERSHEET**

vs. )

\_\_\_\_\_  
Defendant. )

Docket No. \_\_\_\_\_

**NOTE:** The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for docketing purposes for the Clerk of Court and must be signed and dated, and filled out completely. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

Submitted by: \_\_\_\_\_

SC Bar # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

Email: \_\_\_\_\_

Fax # \_\_\_\_\_

Other: \_\_\_\_\_

**DOCKETING INFORMATION (Check one box below if filing in a Mandatory Mediation County)**☐ This case is subject to MEDIATION pursuant to the Family Court Alternative Dispute Resolution Rules.☐ This case is exempt from ADR (certificate attached).

Nature of Action Codes (Check One)	
<b>Marital Dissolution</b>	<b>Support</b>
<input type="checkbox"/> Divorce (110)	<input type="checkbox"/> Child Support – Private (501)
<input type="checkbox"/> Annulment (120)	<input type="checkbox"/> Child Support – Administrative Process (502)
<input type="checkbox"/> Separate Support and Maintenance (130)	<input type="checkbox"/> Child Support – Judicial Process (503)
<input type="checkbox"/> Registration of Foreign Divorce Decree – without support/custody (190)	<input type="checkbox"/> Registration of Foreign Order of Support (504)
<input type="checkbox"/> Registration of Foreign Divorce Decree – with support/custody (191)	<input type="checkbox"/> UIFSA – Outgoing (505)
<input type="checkbox"/> Marital Dissolution – Other (199) _____	<input type="checkbox"/> UIFSA – Incoming (506)
	<input type="checkbox"/> Modification of Child Support – Private (507)
	<input type="checkbox"/> Modification of Child Support – DSS (508)
<b>Abuse and Neglect</b>	<input type="checkbox"/> Modification of Alimony (525)
<input type="checkbox"/> Abuse and Neglect – Child (210)	<input type="checkbox"/> College Expenses (530)
<input type="checkbox"/> Abuse and Neglect – Adult (220)	<input type="checkbox"/> Support – Other (599) _____
<input type="checkbox"/> Abuse and Neglect – Other (299) _____	
	<b>Custody/Visitation</b>
	<input type="checkbox"/> Child Custody/Visitation (610)
<b>Juvenile Delinquency</b>	<input type="checkbox"/> Modification of Custody/Visitation (615)
<input type="checkbox"/> Truancy (311)	<input type="checkbox"/> Registration of Foreign Child Custody Order (690)
<input type="checkbox"/> Incurable (312)	<input type="checkbox"/> Custody/Visitation – Other (699) _____
<input type="checkbox"/> Runaway (313)	
<input type="checkbox"/> Criminal Offense (320)	<b>Miscellaneous Actions</b>
<input type="checkbox"/> Juvenile Delinquency – Other (399) _____	<input type="checkbox"/> Name Change (710)
	<input type="checkbox"/> Correction/Birth Record (720)
	<input type="checkbox"/> Judicial Bypass (730)
	<input type="checkbox"/> Adoption (740)
<b>Protection from Domestic Abuse</b>	<input type="checkbox"/> Foreign Adoption (741)
<input type="checkbox"/> Domestic Abuse – Intimate Partner (410)	<input type="checkbox"/> Post Dissolution Equitable Distribution (750)
<input type="checkbox"/> Domestic Abuse – Minor (420)	<input type="checkbox"/> Paternity – Private (761)
<input type="checkbox"/> Registration of Foreign Order of Protection (490)	<input type="checkbox"/> Paternity – DSS (762)
<input type="checkbox"/> Domestic Abuse – Other (499) _____	<input type="checkbox"/> Termination of Parental Rights – Private (771)
	<input type="checkbox"/> Termination of Parental Rights – DSS (772)
	<input type="checkbox"/> Miscellaneous Actions – Others (799) _____

Submitting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Parent (if applicable): \_\_\_\_\_

**Note:** Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRCP and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. § 15-36-10 et seq.

SCCA 467 (6/2011)

STATE OF SOUTH CAROLINA )  
)  
COUNTY OF \_\_\_\_\_ )  
)  
)  
)

IN THE FAMILY COURT  
\_\_\_\_JUDICIAL CIRCUIT

**REQUEST FOR HEARING**

\_\_\_\_\_  
Plaintiff, )  
vs. )  
\_\_\_\_\_  
Defendant. )

Docket No. \_\_\_\_\_

Plaintiff's Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Defendant's Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Hearing: \_\_\_\_\_ Name Change

Time Needed: \_\_\_\_\_ 15 MINUTES

Dates and Times Unavailable: \_\_\_\_\_

Child Custody at Issue: ☐ Yes ☐ No

Are Other Issues Contested ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

If yes to either above, submit a mediation report.

Comments and Issues: \_\_\_\_\_

Hearing Requested by: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

For: ☐ Plaintiff ☐ Defendant

**\*\*\*\*Section below to be completed by Clerk of Court. \*\*\*\***

The hearing in this matter is scheduled for \_\_\_\_ day of \_\_\_\_\_ 20\_\_, at \_\_\_\_:\_\_\_\_  
a.m./p.m., Courtroom \_\_\_\_\_, before the Honorable  
\_\_\_\_\_ for \_\_\_\_\_ (length of time).



**CHECK BEFORE YOU TURN IN DOCUMENTS:**

- ☐ \$150 Money Order
- ☐ Returned DSS Registry Form
- ☐ Completed Child Support Affidavit
- ☐ Completed Petition for Name Change
- ☐ Completed Family Court Coversheet
- ☐ Completed Request for Hearing
- ☐ Copies of all documents (saved at home)
- ☐ Birth Certificate

**TAKE ALL ITEMS TO YOUR COUNTY FAMILY COURT  
RECORDS OFFICE**

# **STEP 5:**

# **YOUR COURT DATE**



STATE OF SOUTH CAROLINA

COUNTY OF \_\_\_\_\_

In RE: Name Change

Plaintiff,

vs.

Defendant.

IN THE FAMILY COURT

\_\_\_\_ JUDICIAL CIRCUIT

ORDER AND CERTIFICATE OF NAME  
CHANGE AND  
AMENDMENT OF BIRTH RECORD

Docket No.:

DATE OF HEARING:

TRIAL JUDGE:

PLAINTIFF'S ATTORNEY:

COURT REPORTER:

I find that;

- (1) This Court has jurisdiction over this matter pursuant to Section 63-3-530 (8) & (9), Code of Laws of South Carolina
- (2) That the applicable provisions of Section 15-49-10 and Section 44-63-150 of the Code of Laws of South Carolina, have been complied with and the requisite affidavits and documents have been made a part of the file;
- (3) That the plaintiff is entitled to and not in any way disqualified to have his/her name changed and birth certificate amended; and
- (4) That the following reasons exist for the name change and amendment of birth record:

The plaintiff has an established history of gender dysphoria. The plaintiff would like to have his/her name changed and birth certificate amended to more accurately express his/her identity.

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I further find that the following information appears on the birth certificate of the party whose name is to be changed and birth certificate is to be amended

\_\_\_\_\_  
**Full Name at Birth**

\_\_\_\_\_  
**Full Name of Father**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Full Maiden Name of Mother**

\_\_\_\_\_  
**Birthplace: County, City and State**

**IT IS THEREFORE ORDERED** that the name of the party be changed from:

\_\_\_\_\_  
to

\_\_\_\_\_  
**IT IS FURTHER ORDERED** that the Bureau of Vital Statistics amend its record to reflect this change of name.

**IT IS SO ORDERED.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**FAMILY COURT JUDGE  
FIFTEENTH JUDICIAL CIRCUIT**

# **Court Date**

## **Instructions:**

On your court date you may need to provide your own court order. As such it has been included here. On your court date bring a copy of all the documents you submitted to the court. Dress nicely. If the judge ask you questions answer them to the best of your ability. Following the hearing you will need to go to the Clerk of Court to file your signed court order and obtain a certified copy. It is suggested that you obtain multiple certified copies as multiple institutions will request them and you will need a copy for your records. You will then need to bring a certified copy to vital records where it can be processed, and your birth certificate can be amended.