

INSTRUCTIONS FOR CHANGE OF NAME (ADULT)

General Information:

- You must be a resident of Marshall County, Alabama. If you are a resident of another county or state, you must seek the name change in the county or state of residence which you reside.
- All name changes require a simple background check. There is no additional charge for the background check. The form is provided by the Probate Office. The form must be completed and taken to the Marshall County Sheriff's Office. The Sheriff's office will provide you a letter of the background results. Bring your results with your petition to the Probate Office. ***Background check must be completed before you can file your petition.***
- Cost will vary (Fee \$65-\$85) to be determined by number of pages filed. Cash, check or money order accepted.
- The following identification is required upon filing a petition:
 - Alabama driver's license or photo ID.
 - Birth certificate.

Instructions:

1. Complete the forms in **BLACK INK ONLY**. Do not mark through or use white out/liquid paper on the forms. Please write your name **LEGIBLY** in all appropriate areas on these 2 forms.
2. Please notify the clerk if you have had your name changed previously.
3. This form does not require an attorney to file. However, clerks are **NOT** allowed to assist you in completing the form. If you have not hired an attorney to help you complete this form, please leave "Attorney for Petitioner" part **BLANK**.
4. The petition must be notarized prior to submission to the Probate office. We do **NOT** provide notary services.
5. **PETITIONER** refers to your **FULL PRESENT LEGAL NAME** (or the name you are changing from). Please sign your **FULL PRESENT LEGAL NAME** (or the name you are changing from) as **PETITIONER** and have that same signature notarized. Do **NOT** sign in the notary section, sign only your **FULL PRESENT LEGAL NAME** (or the name you are changing from). Use **FULL** names, **NO** initials.
6. Be sure to give your **COMPLETE PHYSICAL ADDRESS**. **NO** post office boxes will be accepted.
7. Bring the completed, signed AND notarized forms to the Guntersville Courthouse, Probate Office on the 1st floor.

PS-12

8/08

Request to Change Name
(For An Adult)

Case Number: *(the clerk fills this in)*

In the Probate Court of *(county):* _____ County, Alabama

Your current name: _____
first middle last

To ask the court to change your name, you must fill out this form, and:

- Attach a **certified** copy of your birth certificate and a copy of your photo ID, and
- File your form and attachments in the same county where you live.

I declare that the following information is true:

① My current name is: _____
first middle last

② My address is: _____
street city state zip

③ My phone numbers are *(home):* _____ *(work):* _____

④ My date of birth is *(mm/dd/yyyy):* _____

⑤ My name at birth was: _____
first middle last

⑥ I am an adult (19 or older), of sound mind, and live in *(name of Alabama county):* _____

⑦ The attached copy of my photo ID is my *(check one):* Driver's license, # _____
 Non-driver's photo, ID #: _____

⑧ I ask the court to change my name because *(explain why you want to change your name):* _____

⑨ I want my new name to be: _____
first middle last

- ⑩ I also declare:
- I am not now facing criminal charges, nor am I involved in any other court case.
 - I have never been convicted of a criminal sex offense (as defined in Alabama Code § 15-20-21), a crime of moral turpitude, or a felony.
 - I am not asking to change my name to avoid paying my debts or to commit fraud.
 - I swear that all of the information I have provided above is complete and accurate.

I ask the court to grant this request and to issue an order changing my name.

Sign below in front of a notary:

▶ _____ Date: _____

Notary fills out below—

Sworn to and subscribed before me, the undersigned authority, [] []

By *(Print name of notary):* _____

On this date: _____

(Notary's seal here)

▶ _____ / / _____
Notary signs here Date notary's commission expires [] []

Marshall County Background Information

Completed by Applicant

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my application to the Marshall County Probate Office.

PRINT NAME: _____
Last First Middle

OTHER NAMES YOU HAVE USED: _____

CURRENT ADDRESS: _____
Street Number & Name City State Zip

HOME PHONE #: _____ BUSINESS PHONE #: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE INFORMATION: _____
License number Expiration Date

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY, FELONY-REDUCED-TO MISDEMEANOR OR MISDEMEANOR BY ANY COURT.

YES NO

If yes, please indicate date, location and explanation (continue on reverse side if necessary):

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE: _____ DATE: _____