
NAME CHANGE PROCEEDINGS

CLALLAM COUNTY DISTRICT COURT II

**Clallam County District Court II
502 East Division Street
Forks, WA 98331
Tel. (360) 374-6383
Fax (360) 374-2100**

(Revised April 2019)

WHO CAN CHANGE A NAME? HOW DIFFICULT IS THE PROCESS?

In Washington State any person over eighteen years of age can choose and use any name he or she wishes as long as the purpose of the change in the name is not to defraud another. An example of defrauding another would be to change names to avoid paying bills or other creditors or to escape obligations such as child support. Otherwise, changing names is legal. The process to change your name is simple and straightforward. The process to change the name of your minor child is a little more involved. NOTE: A name changed by marriage does not need a court order. The married name becomes the legal name. If the marriage ends, a name change may be included in the divorce decree, or by filing a petition for name change.

HOW DO I OBTAIN A COURT ORDER TO CHANGE MY NAME?

- A Petition for Name Change may be filed with Clallam County District Court II.
- Separate Applications – each applicant requesting a change of name must present a separate petition.
- A filing fee must be paid at the time of filing the petition. This includes the recording of the name change with the Clallam County Auditor's Office.
- Minors: Parental Consent – all applicants under eighteen (18) years of age must be represented by a parent or legal guardian and both biological or legal parents, either by personal appearance or by affidavit, unless good cause is shown. If one biological

parent's whereabouts is unknown, the court must be satisfied that the petitioner made attempts to provide notice to the absent parent by sending, via certified mail, to the last known address. (Requests for exceptions to this policy must be presented to the judge.)

- Birth Certificate – a certified copy of any minor applicant's birth certificate or suitable identification must be presented to the clerk for verification and copying.
- Certified copies of the order may be obtained from the Clallam County Auditor's Office approximately one week after the hearing. A fee will be charged by the Auditor's Office for the certification.

HOW DO I CHANGE THE NAME ON A BIRTH CERTIFICATE?

Mail a certified copy of the court order to:

Dept. of Health, Center for Health Statistics
PO Box 9709
Olympia, WA 98507-9709

A fee will be charged to purchase a copy of the amended Birth Certificate. Contact the Center for Health Statistics at (360) 236-4300, if you have any further questions about this process. For out of state births, contact the Vital Records office of that state to determine that state's procedures.

\$196.50 payable to Clallam County District Court II (\$93 filing fee and \$103.50 recording fee with Auditor)

CLALLAM COUNTY DISTRICT COURT II, STATE OF WASHINGTON

IN THE MATTER OF THE CHANGE OF NAME OF:

No. _____

PETITIONER.

**PETITION FOR CHANGE OF NAME
(ADULT PETITIONER)**

COMES NOW the undersigned Petitioner, pursuant to RCW 4.24.130, and requests an order changing his/her/their name; and states the following –

1. I am the Petitioner.
2. I am currently a resident of Clallam County.
3. I am an offender under the jurisdiction of the Department of Corrections. Yes No

[If I am an offender under the jurisdiction of the Department of Corrections, it is a crime for me to fail to provide 5 days' notice of this proposed change of my name to the Department of Corrections. RCW 4.24.130(2).]

4. I am required to register as a sex offender. Yes No

[If I am required to register as a sex offender, it is a crime for me to fail to provide 5 days' notice of this proposed change of my name to the Clallam County Sheriff and Washington State Patrol. RCW 4.24.130(3), 9A.44.130(7); 9A.44.132(1).]

5. This petition is not made for any fraudulent purpose and does not infringe upon the rights of others.
6. I request this Court change my name for the following reason(s) –

WHEREFORE, Petitioner requests that his/her/their name be changed as follows –

CURRENT NAME

FIRST NAME	MIDDLE NAME	LAST NAME

REQUESTED NEW NAME

FIRST NAME	MIDDLE NAME	LAST NAME

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATE

PLACE

PETITIONER

HEARING DATE/TIME: _____ 502 E DIVISION, FORKS, WA