[Fill in the spaces next to the instructions. Attach copies of the indicated documents and mark them as exhibits.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

----------x

In the Matter of the Application of

_____,

[2. Fill in name(s)]

individually and as parent or guardian of the infant(s)

_____,

[3. Fill in infant current name]

FOR LEAVE TO CHANGE INFANT(S) NAME(S) TO

_____,

[4. Fill in infant new name(s)]

[1. Index No. & Year]
Index No.
_____/_____
PETITION FOR CHANGE OF INFANT'S NAME

----------x

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NASSAU:

[5. Your name] _____ by this petition alleges that he/she is the **[6.Circle one]** natural father/mother of the infant named herein, and resides at **[7. Your address]** _____ and further alleges that:

1. Said infant's name is **[8. Insert infant current name]**

_____

2. The name which said infant proposes to assume is **[9. Insert infant new name]**

_____

3. Said infant resides at **[10. Insert infant address, No Post Office Box.]**

_____

4. Said infant is of the age of **[11. Insert infant age.]**

_____

5. Said infant date of birth is **[12. Insert infant date of birth.]**

_____

6. Said infant place of birth is **[13. Insert County, State and Country**.]

_____

7. Select One **[14. Select one.]**

___ Said infant is a citizen of the United States.

___ Said infant is a legal resident of the United States.

8. Said infant is single and has never been married.

9. Said infant has never been convicted of a crime.

10. There are no judgments or liens of record against said infant nor against any property in his/her name. No action or proceeding is pending to which said infant is a party. Said infant has never been adjudicated a bankrupt. In fact, no proceeding in bankruptcy has ever been instituted by or against said infant in any court or before any officer of the state or of the United States, nor has said infant at any time made an assignment for the benefit of creditors. There are no claims, demands, liabilities or obligations on a written instrument or otherwise against said infant or to which said infant is a party. Said infant has no creditors and no person will be adversely affected nor prejudiced in any way by the proposed change of name.

11. The grounds of this application are as follows: **[15. Explain your reasons for the application. Attach additional pages if necessary]**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

12. Consent of the necessary parties has been obtained **[16. If there is no consent, you must state what diligent efforts have been made to locate the absent parent; additionally you must detail how long it has been since the absent parent has had any contact with the child; further, you must detail what, if any child support is being paid by the absent parent]**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

13. No previous application has been made for this relief before this or any other court of competent jurisdiction.

WHEREFORE, your petitioner respectfully prays that an order be granted permitting said Infant to assume the name of **[17. Insert infant new name]**

_____.

[18. Date and County papers are signed in]

Dated:_____ , New York

_____ , 20___

_____

Petitioner Signature

[19. Your signature]

_____

Print Petitioner Name

[20. Print Your Name]

[Fill in the spaces next to the instructions.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU
----------x
In the Matter of the Application of

_____,
[22. Fill in name(s)] Petitioner(s)

-against-

_____,
[23. Fill in name(s)] Respondent(s)

----------x

[21. Index No. & Year]
Index No.
_____ / _____
VERIFICATION

STATE OF NEW YORK}
SS. :}
COUNTY OF _____}
[24. Insert County where papers signed and notarized]

_____**[25. Insert Your Name]** , being duly sworn, deposes and says: I am the_____ **[26. Insert Petitioner or Respondent]** in this matter.

I have read the foregoing **[27. Insert the name(s) of the above documents e.g. affidavit, petition etc.]** _____ and know the contents thereof. The same are true to my knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters I believe them to be true

_____
[28. SIGN YOUR NAME BEFORE NOTARY]

_____
[29. PRINT YOUR NAME]

Sworn to before me this
day of _____, 20 __

_____
Notary Public
[30. Verification must be notarized]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU
----------x
In the Matter of the Application of

_____,
[32. Fill in name(s)]
individually and as parent or guardian of the infant(s)

_____,
[33. Fill in infant current name]

FOR LEAVE TO CHANGE INFANT(S) NAME(S) TO

_____,
[34. Fill in infant new name(s)]

[31. Index No. & Year]
Index No.
_____/_____
AFFIDAVIT OF CONSENT OF NON-PETITIONING PARENT

----------x
STATE OF NEW YORK}
SS. :}
COUNTY OF _____}
[35. Insert County where papers signed and notarized]

I, _____**[36. Insert Name of parent who is not the petitioner]** , being duly sworn, deposes and says: I am the parent (natural guardian) of the infant in the within proceeding. I have read the foregoing petition for change of infants name of **[37. Insert the name(s) of the petitioner]** _____ and joins in the prayer for relief and consents thereto.

_____
_____
[38. Signature of Non-petitioning Parent]

_____
_____
[39. Print Name of Non-petitioning Parent]

Sworn to before me this
day of _____, 20 __

_____
Notary Public
[40. Affidavit must be notarized]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU
----------x
In the Matter of the Application of

[55. Index No. & Year]
Index No.
_____ / _____

_____,
[56. Fill in name(s)] Petitioner(s)
-against-

_____,
[57. Fill in name(s)] Respondent(s)

----------x

_____

_____

[58. Insert name(s) of papers submitted]

_____
[59. YOUR SIGNATURE]

_____
[60. PRINT YOUR NAME]

_____
[61. YOUR ADDRESS]

_____
[62. CITY, STATE ZIP CODE]

_____
[63. YOUR PHONE NUMBER]