

[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)]

-----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.]**

[1. Index No. & Year]

Index No.

_____/_____
PETITION FOR CHANGE
OF INFANT'S NAME

