

For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please note that you *cannot* save this form. Once complete you will be able to print it, but not save it. Please make sure that your **Highlight Fields** option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the **Highlight Fields** button that is on the far right side of the purple message bar.



COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the Matter of the Application of _____ X



For Leave to Change Name of Infant from _____



to _____



_____ X

NOTICE OF PETITION

INDEX NO.: _____



Please take notice that upon the verified petition of _____,



sworn to on _____, 20____ and any attached exhibits, Petitioner(s) will request this Court at _____ a.m./p.m. on the _____ day of _____, 20____ at the Courthouse located at _____, New York, for an order permitting the above named infant to assume the name of _____, and for such other and further relief as this Court may deem just and proper.



DATED: _____, 20____
_____, New York

Respectfully submitted,



To: