NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

Cause Number: _____

(The Clerk's office will fill in the Cause Number and Court Number when you file this form.)

Name Change of:

In the _____
Court Number

☐ District Court ☐ County Court at Law

_____ _____ County, Texas

Print current full legal name of person asking for name change.

Petition to Change the Name of an Adult

Print your answers.

1. Discovery Level

The discovery level in this case, if needed, is Level 1.

2. Petitioner

a. My current legal name is:

_____ _____ _____
First **Middle** **Last**

b. I ask the Court to change my legal name to:

_____ _____ _____
First **Middle** **Last**

c. The reason I want to change my name is:

_____

_____

_____

Or ☐ I am not required to provide the reason I want to change my name, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality Program is attached to this Petition to Change the Name of an Adult.

3. Personal Information

My personal information is as follows:

a. Home address: _____
Street Address

_____.
City **County** **State** **ZIP code**

Or ☐ I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality

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Program is attached to this Petition to Change the Name of an Adult.

b. Social Security Number: _____ **or** ☐ I do not have a Social Security Number.

c. Date of birth: _____.
Month Day Year

d. All drivers' license numbers issued to me during the last 10 years:

License number	State	License number	State

Or ☐ I have not had a driver's license during the last 10 years.

e. Place of birth: _____
City County State Country

f. Sex listed on my birth certificate: ☐ Male ☐ Female

g. Race: _____

h. Name on birth certificate **(only fill in if different from current legal name)**:

_____
First Middle Last

i. Known by the following names and aliases: **(Include prior names, nicknames, and aliases, especially if your arrest records reflect a different name than your current full legal name. Leave blank if no aliases or prior names)**

4. Criminal History

a. Have you ever been **charged** with a Class A or B misdemeanor or a felony? ☐Yes ☐ No
If yes -- Write your FBI (Federal Bureau of Investigations) or SID (State Identification) number:

FBI Number _____ SID Number _____

List **all** Class A or B misdemeanors and felonies with which you have been charged, whether or not you were convicted. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
				☐ District Court ☐ County Court
				☐ District Court ☐ County Court
				☐ District Court ☐ County Court
				☐ District Court ☐ County Court
				☐ District Court ☐ County Court

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b. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes -- The court **may** order your name changed if you were pardoned or at least two years have passed since you received a certificate of discharge or completed court-ordered community supervision or juvenile probation, or if you are asking to change your name to the primary name used in your criminal history record. You must attach proof to this petition.

List all of your felony convictions here. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
				☐ District Court ☐ County Court
				☐ District Court ☐ County Court
				☐ District Court ☐ County Court
				☐ District Court ☐ County Court
				☐ District Court ☐ County Court

c. Are you required to register as a sex offender? ☐ Yes ☐ No

If yes – You must attach proof that you notified the appropriate local law enforcement authority of your proposed name change.

5. Request for Judgment

I believe this name change is in my interest or benefit and in the interest of the public.
I ask the Court to make an Order to change my name, and any other Orders I may be entitled to.

→ _____ _____
Your Signature **Date**

/s/ _____
Your Printed Name **Phone**

_____
Mailing Address **City** **State** **Zip**

Email Address: _____ Fax (if any) _____

6. Verification (Sign below. This statement must be true, because it is signed "under penalty of perjury," and it is a crime to make a false unsworn declaration under penalty of perjury in Texas. See Texas Penal Code 37.02).)

My current legal name is: _____.

my date of birth is _____, and my address is:

_____ _____ _____ _____
Street **City** **State** **Country**

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____.
County **State**

on the _____ day of _____, _____.
Day **Month** **Year**

/s/ _____
Declarant's Signature (sign here)

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You must attach these documents to your Petition:

- ☐ A legible and complete set of your **fingerprints** on a fingerprint card in a form acceptable to the Texas Department of Public Safety and Federal Bureau of Investigations. Write "**Exhibit**" at the top.
- ☐ If you were convicted of a felony and you were pardoned, attach proof of pardon for each conviction. Write "**Exhibit**" at the top.
- ☐ If you were convicted of a felony and it has been at least 2 years since you were discharged or completed probation or parole, attach proof that you were discharged or that you completed probation or parole for each conviction. Write "**Exhibit**" at the top.
- ☐ If you were convicted of a felony and are asking to change your name to the primary name used in your criminal history record information, attach a copy of your criminal history record.
- ☐ If you are required to register as a sex offender, attach proof that you notified the appropriate local law enforcement authority of your proposed name change. Write "**Exhibit**" at the top.
- ☐ If you are not required to provide your home address or the reason you want to change your name because you are a participant in the Office of the Attorney General's Address Confidentiality Program, attach a copy of your authorization card certifying that you are a participant in the Address Confidentiality Program. Write "**Exhibit**" at the top.

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