

STATE OF SOUTH DAKOTA)
)ss:
COUNTY OF _____)

IN CIRCUIT COURT
_____ JUDICIAL CIRCUIT

In the Matter of the Petition of)
)
_____)
(Current Name))
)
For a Change of Name to)
)
_____)
(Proposed Name))
)

CIV: _____

**VERIFIED
PETITION FOR ADULT
NAME CHANGE**

COMES NOW Petitioner and does hereby state, under oath as follows:

1. Petitioner's current name is _____.
2. Petitioner's full name, as it appears on Petitioner's birth certificate, is _____
_____.
3. Petitioner is an adult _____ years of age; date of birth: _____.
4. Petitioner's gender at birth was: male / female.
5. Petitioner was born in _____, _____ County, State
of _____.
6. The full maiden name of Petitioner's mother is _____.
7. The month, day and year of Petitioner's mother's birth was _____ and
she was born in _____, _____ County, State of
_____.
8. The full name of Petitioner's father as it appears on Petitioner's birth certificate is
_____.

9. Petitioner's father was born on the _____ day of _____, _____
and he was born in _____, _____ County, State of _____.

10. Petitioner's street address is _____,
_____ County, South Dakota.

11. Petitioner has been a resident of _____ County, South Dakota for more than
six months prior to filing this petition.

12. The reason for wanting the name change is: _____

13. This petition is made in good faith, I do not intend to defraud anyone, and it is not done for
the purpose of hiding my identity from any person, creditor or governmental agency of any
kind or as to avoid discovery by such person, creditor or governmental agency.

14. I request that my name be legally changed from _____
_____ to _____
_____.

Dated this _____ day of _____, 20_____.

Petitioner (Signature)

Print your name

Street address

City, State, ZIP code

Telephone Number

VERIFICATION

STATE OF SOUTH DAKOTA)
 : SS
COUNTY OF _____)

Petitioner, being first duly sworn, deposes and states that he or she verifies the facts expressed within the Verified Petition for Adult Name Change are true.

Dated this _____ day of _____, 20_____.

Petitioner's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public/Clerk of Court

(SEAL)

If Notary, my commission expires: _____