**SUPERIOR COURT OF WASHINGTON**

**FOR KING COUNTY**

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In re the petition of: **) No.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **)**

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For the Change of Name of: **)** PETITION FOR **SEALED** NAME

**)** CHANGE OF A MINOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **)**

A Minor. (First, middle, last) **)**

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Comes now \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [current legal name], petitioning the Court for an order *sealing* the name change of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [current legal name] his, her, their **(circle one)** son, daughter, child/ward **(circle one)**, to the name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [full new name], pursuant to RCW 4.24.130. I make the following statements under penalty of perjury.

1. The child is \_\_\_\_\_ years of age and was born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date of birth], at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [place of birth – city and state].
2. Is the child a resident of King County, Washington? Yes □ No □
3. Is the child required to register as a sex offender? Yes □ No □   
   **[Failure to provide required notice to the King County Sheriff and Washington State Patrol is a crime. RCW 9A.44.130(8).]**
4. Is the child an offender under the jurisdiction of the Department of Corrections?   
   Yes □ No □   
   **[Failure to provide required notice to DOC is a crime. RCW 4.24.130.]**
5. Is the petitioner the parent of the child? Yes □ No □
6. If not the parent, is the petitioner the child’s legal guardian and have the legal authority to submit this petition? Yes □ No □
7. The child’s other parent:
   1. Has given consent to this name change and signed the petition.   
      Yes □ No □
   2. Has not been located and has had no contact with petitioner. Yes □ No □  
      Date of last contact with other parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Has the child ever had a name change prior to this petition? Yes □ No □  
   If yes, please explain. (Date, place, and reason):  
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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9. I request a *sealed* change of name for the following reason(s). Please explain:
   1. I am a survivor of domestic violence and I have a reasonable fear for my safety and the safety of the minor child listed in this petition.
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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1. I declare that this name change petition is not made for any illegal or fraudulent purpose.
2. I declare that my name change will not be detrimental to the interests of anyone else.
3. I declare that any child named in this petition who is age 14 or older joins in the petition and has signed the petition.

**I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENTS IN THIS PETITION ARE TRUE AND CORRECT.**

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

City Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner Parent/Guardian Signature Petitioner Parent/Guardian Printed   
 Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Signature (if 14 years of age or older) Minor’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s City, State, Zip Code Court Clerk