

Circuit Court Montgomery County Clarksville Tennessee	PETITION FOR CHANGE OF NAME	Case Number
Petitioner	Next Friend <i>[if Petitioner is a Minor]</i>	

1. PETITIONER

Current Name *[first, middle, last]*: _____

Desired Name *[first, middle, last]*: _____

Mailing Address: _____

Telephone Numbers *[optional]*: Home: _____ Work: _____

Is Petitioner Became a Resident of this County? Yes No *[If no, Petition cannot be filed.]*

Gender: _____

Social Security Number: _____

Date and Place of Birth: _____

Birth Certificate Number: _____

Other Pertinent Numbers *[school, military, driver's license, etc.]*: _____

Active Member of the Armed Services of the United States? Yes No

2. NEXT FRIEND OF PETITIONER *[if Petitioner is a Minor]*

Full Name *[first, middle, last]*: _____

Mailing Address: _____

Telephone Numbers *[optional]*: Home: _____ Work: _____

3. MOTHER OF PETITIONER *[if Petitioner is a Minor]*

Full Name *[first, middle, last]*: _____

Mailing Address: _____

Telephone Numbers *[optional]*: Home: _____ Work: _____

4. FATHER OF PETITIONER *[if Petitioner is a Minor]*

Full Name *[first, middle, last]*: _____

Mailing Address: _____

Telephone Numbers *[optional]*: Home: _____ Work: _____

5. REASON FOR REQUEST OF CHANGE OF NAME

6. **OTHER MATTERS** [State here any special circumstances, including reason why a parent of a minor Petitioner cannot or will not consent to the change of name.]

RELIEF REQUESTED

The Petitioner requests that the court enter a Final Decree changing the name of the Petitioner and granting any other relief to which the Petitioner may be entitled.

SIGNATURE AND VERIFICATION

I declare under penalty of perjury under the laws of the State of Tennessee that the facts stated in this Petition are true to the best of my knowledge and belief.

Signed at _____ on _____
Place Date

Petitioner [*if an Adult*] or Next Friend
Telephone: _____
Fax: _____
E-Mail: _____

STATE OF TENNESSEE
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____.

My commission expires: _____

CONSENT OF PARENTS TO CHANGE OF NAME [*if Petitioner is a Minor*]

Signature of Mother

Signature of Father