

Your Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email: _____
 Self-Represented Petitioner

DISTRICT COURT
 _____ **COUNTY, NEVADA**

In the Matter of the Application of:

(print the old name you do not want anymore)
 For Change of Name.

CASE NO.: _____
 DEPT: _____

ORDER FOR CHANGE OF NAME

This Order was submitted (*check one*) after a hearing without a hearing before the above-entitled court, and after a review of the pleadings and papers on file and the testimony given, if any, and good cause appearing therefore:

IT IS ORDERED that the name of the Petitioner, who was born on *(date of birth)* _____ in *(city)* _____ *(state)* _____ be legally changed from

(old) _____

(first) (middle) (last)

to *(new)* _____

(first) (middle) (last)

IT IS FURTHER ORDERED that the Clerk transmit a certified copy of this order to the State Registrar of Vital Statistics. A new birth certificate (*check one*) shall shall not be issued reflecting the name change above.

(the judge may check this box if applicable) **IT IS FURTHER ORDERED** that (if the box is checked) the Clerk transmit a certified copy of this order to the Central Repository for Nevada Records of Criminal History for inclusion in the Petitioner's record of criminal history.

DATED this (day) _____ day of (month) _____, 20____.

DISTRICT COURT JUDGE

Submitted By: (your signature) ▶ _____

(print your name) _____