

VIRGINIA:

IN THE CIRCUIT COURT OF LOUDOUN COUNTY

In re: Name Change of _____ Civil Case No. _____
FIRST MIDDLE LAST SUFFIX
to _____
FIRST MIDDLE LAST SUFFIX

APPLICATION FOR CHANGE OF NAME (Adult)

COMES NOW the applicant seeking, pursuant to Virginia Code § 8.01-217, the change of name stated above and, after being duly sworn, states under oath as follows:

The applicant currently resides in the County/City of _____, Virginia at the following address (street address, city, state and zip code): _____.

The applicant desires a change of name for the following reason(s): _____.

The name change is not sought for a fraudulent purpose and would not otherwise infringe on the rights of others.

The current full name of applicant is _____.

The full name of the applicant's father is _____.

The full name of the applicant's mother is _____.

The full maiden name of the applicant's mother is _____ (mother's maiden name must be provided even if it is the same as the mother's current name).

The applicant's date of birth is _____ and place of birth is _____.
MM/DD/YYYY City & State/Nation

Answer the following questions by checking the appropriate "Yes" or "No" boxes and include the needed information.

1. Have you ever been convicted of a felony? (If yes, include felony conviction record) [] Yes [] No
2. Are you currently incarcerated?* (If yes, include name and location of facility). [] Yes [] No
3. Are you a probationer with any court?* (If yes, include name and location of court) [] Yes [] No
4. Are you a person for whom registration with the Sex Offender and Crimes Against Minors Registry is required?* (If yes, include name of location of court where convicted). [] Yes [] No
5. Have you previously changed your name either by prior application to a court or by marriage? . . [] Yes [] No
(If yes, list all of your previous names on the following line):
_____.

* No application of a probationer, incarcerated person, or person for whom registration with the Sex Offender and Crimes Against Minors Registry is required shall be accepted unless the Court finds good cause exists for such application under the reasons alleged in the application for the requested change of name. Attach explanatory documentation to the application.

Signature of Applicant (current full name)

Applicant's phone number

IN THE COMMONWEALTH OF VIRGINIA, COUNTY/CITY OF _____: I, the undersigned Deputy Clerk/Notary Public in and for the Commonwealth of Virginia, do hereby certify that the foregoing application was subscribed and sworn to or affirmed before me this _____ day of _____, 20____, by the applicant, _____ (applicant's current full name).

Deputy Clerk/Notary Public: _____ My Commission Expires: _____

VIRGINIA:

IN THE CIRCUIT COURT OF LOUDOUN COUNTY

Civil Case No. _____

In re: Name Change of _____
FIRST MIDDLE LAST SUFFIX
to _____
FIRST MIDDLE LAST SUFFIX

FINAL ORDER (Adult)

COMES NOW the applicant seeking to change his or her name pursuant to Virginia Code § 8.01-217, and it appearing to the Court upon the applicant’s verified application that:

The current address of the applicant, including street address, city, state and zip code, is:

_____; and

If the applicant has previously changed his or her name by prior application to a court or by marriage, the former names of the applicant are as follows (if no previous name changes, leave blank):

_____; and

The name change is not sought for a fraudulent purpose and would not otherwise infringe on the rights of others; the applicant is not incarcerated, or a probationer with any court, or a person for whom registration with the Sex Offender and Crimes Against Minors Registry is required; and the applicant, if a convicted felon, included his or her felony conviction record with the application.

It is, therefore, **ADJUDGED, ORDERED and DECREED** that the name of the applicant is hereby changed from _____ to _____
FIRST MIDDLE LAST SUFFIX
_____; and
FIRST MIDDLE LAST SUFFIX

It is further **ADJUDGED, ORDERED and DECREED** that the Clerk of this Court shall spread this order upon the current deed book, index it in both the old and new names, and transmit a certified copy of the order and the application to the State Registrar of Vital Records and the Central Criminal Records Exchange.

ENTERED this _____ day of _____, 20____.

Judge

I ASK FOR THIS:

Signature of Applicant (current full name)