

# CHILD'S CHANGE OF NAME PACKET

These instructions are for changing the name of a child. To change the name of an adult, use the Adult Change of Name Packet ([CIV-698](#)).

<i>Form Number</i>	<i>Form Name</i>
<b>WHERE CAN I FIND INSTRUCTIONS?</b>	
<a href="#">CIV-693</a>	Instructions are available online at: <a href="https://public.courts.alaska.gov/web/forms/docs/civ-693.pdf">https://public.courts.alaska.gov/web/forms/docs/civ-693.pdf</a> Printed copies are available for customers with limited or no internet access.
<b>WHAT IS INCLUDED IN THIS PACKET?</b>	
<a href="#">CIV-694</a>	Petition for Child's Change of Name
<a href="#">CIV-695</a>	Parental Consent from Non-Petitioning Parent
<a href="#">VS-405</a>	Application or Report of Change of Name
<b>WHERE CAN I FIND MORE INFORMATION?</b>	
<a href="#">Online</a>	Court forms online: <a href="http://www.courts.alaska.gov/forms/index.htm">www.courts.alaska.gov/forms/index.htm</a>
<a href="#">Online</a>	Family Law Self-Help Center: <a href="http://www.courts.alaska.gov/shc/family/shcname.htm">www.courts.alaska.gov/shc/family/shcname.htm</a>

**December 2015  
Alaska Court System**

The statutes, court rules and most of the forms referenced in this packet are available on the court's website: [www.courts.alaska.gov](http://www.courts.alaska.gov).

Person Filing Petition:

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of a Change of Name for: \_\_\_\_\_ )

A Minor Child (current legal name) \_\_\_\_\_ )

Date of Birth \_\_\_\_\_ )

By: \_\_\_\_\_ )

Petitioner (parent or legal guardian) \_\_\_\_\_ )

CASE NO. \_\_\_\_\_ CI

**PETITION TO  
CHANGE CHILD'S NAME**

Petitioner requests that the Court change the name of the minor child as follows:

1. The minor child's current legal name is \_\_\_\_\_  
First Name Middle Name Last Name

2. I wish the child to take and be legally known by a new name, which is:  
\_\_\_\_\_  
First Name Middle Name Last Name

3. I am the minor child's legal  mother  father  guardian.

4. Consent to this name change by \_\_\_\_\_ the minor child's:  
 mother  father Name of Non-Petitioning Parent

is attached.

is not attached.

is not necessary because:

this parent is deceased. A certified copy of the child's birth certificate and the parent's death certificate are attached.

parental rights were terminated on \_\_\_\_\_  
in a court in the state of \_\_\_\_\_

other: \_\_\_\_\_

5. The reasons for this request are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. This name change is sought for personal reasons and not to avoid judgments, debts, obligations, or to defraud any person. The reasons stated are consistent with the public interest.

VERIFICATION

I state on oath or affirm that I have read this document and believe all statements made in it are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Printed Name

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_  
(Date)

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person  
authorized to administer oaths.  
My commission expires: \_\_\_\_\_



# Application for Legal Name Change

Alaska Bureau of Vital Statistics  
 PO Box 110675  
 5441 Commercial Boulevard  
 Juneau, AK 99811-0675  
 907.465.2179

- This form is to be filed by the Applicant or the Applicant's attorney with the Clerk of Court BEFORE the hearing, preferably at the time of filing the action.
- It is to be completed to the best of the Applicant's knowledge. If the information for any item is not obtainable, "UNKNOWN" should be written in that field. Do not abbreviate names.
- Please note a legal name change can only be used to change your name on your own birth certificate.
- There is a \$30 processing fee to amend your Alaska birth record with your new legal name. For a certified copy of your amended Alaska birth record, there is an additional \$30 fee. Please contact the Bureau at 907.465.2179 for further information.

<b>COURT/BVS OFFICE USE ONLY:</b>	Court File No.	State File Number (Bureau use only)
-----------------------------------	----------------	-------------------------------------

1. Name on Birth Record			
First:			
Middle:			
Last:			Suffix
2. Date of Birth (mm/dd/yyyy)	3. State or Country of Birth	4. City, Town, Location of Birth	
5. Father's Name (First Middle Last)			
6. Mother's Maiden Name (First Middle Last)			

7a. Applicant's Name (First Middle Last, Suffix)	7b. Address (Street /PO Box, City, State, Zip Code)
7c. Applicant's Telephone Number	7d. Applicant's Email Address
The above information is complete and correct to the best of my knowledge:	
_____ Applicant's Signature	_____ Date Signed (mm/dd/yyyy)

8. Place Change of Name Granted	9. Date Change Granted (mm/dd/yyyy)	10. Number of persons whose names were changed by the same order:
11. Name Changed To		
First:		
Middle:		
Last:	Suffix	

I hereby certify that this change of name was granted in this court on the date stated above

Signature and Seal of the Clerk of the Court:

Date Signed (mm/dd/yyyy):