

# 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:<br><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><br>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:<br><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:<br><a href="http://www.courts.alaska.gov/shc/family/shcname.htm">www.courts.alaska.gov/shc/family/shcname.htm</a>   |

**March 2020  
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:

- The minor child's current legal name is: *[You should consult the child's original birth certificate to ensure the current name written below is accurate. You will not be able to obtain a birth certificate with a new name from Health Analytics and Vital Records if the name written below does not exactly match existing records.]*

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
| _____      | _____       | _____     |

- I wish the child to take and be legally known by a new name, which is:

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
| _____      | _____       | _____     |

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

- 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: \_\_\_\_\_

- 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: |   |
| _____<br>Applicant's Signature   | _____<br>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):