

ADULT CHANGE OF NAME PACKET

These instructions are for changing the name of an adult. To change the name of a child, use the Child's Change of Name Packet ([CIV-692](#)).

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
CIV-699	Instructions are available online at: www.courtrecords.alaska.gov/webdocs/forms/civ-699.pdf Printed copies are available for customers with limited or no internet access.
WHAT IS INCLUDED IN THIS PACKET?	
CIV-700	Petition for Change of Name
VS-405	Application or Report of Change of Name
WHERE CAN I FIND MORE INFORMATION?	
Online	Court forms online: www.courts.alaska.gov/forms/index.htm
Online	Family Law Self-Help Center: www.courts.alaska.gov/shc/family/shcname.htm

**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.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Change of Name for:)
)
)
_____,)
Petitioner (current legal name))
Date of Birth _____)
_____)

CASE NO. _____ CI

PETITION FOR CHANGE OF NAME

I, the petitioner, request that the Court enter a judgment changing my name as follows:

1. My current legal name is _____
First Name Middle Name Last Name

2. I want to take and be legally known by a new name, which is:

First Name Middle Name Last Name

3. The reasons for this request for a change of name are:

4. I ask for this name change 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 read this document and believe all statements in it are true.

Date

Petitioner's Signature

Mailing Address City State ZIP

Daytime Phone Email Address

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.

COURT/BVS OFFICE USE ONLY:	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):