1.	ounty Court, Denver County, Colorado 437 Bannock Street, Room 135 enver, Colorado 80202, 720-865-7840						
	the Matter of the Petition of: arent(s)/Petitioner(s):						
fc	r:						
N	linor Child:						
to	change the child's name to:		▲ COURT USE ONLY ▲				
Α	ttorney or Party Without Attorney (Name	and Address):	Case Nu	ımber:			
Р	hone Number: E-mail:						
F.	AX Number: Atty. Reg. #:			Civil Courtroom:			
	PETITION F	OR CHANGE OF NAME (MINOR C	HILD)				
1.	Information regarding the minor child:			,			
	Full Name of Minor Child (First, Middle and Last)	Mailing Address		Date of Birth			
-	(First, Middle and Last)						
	The minor child is a resident of County, Colorado. I/We wish to change the name of the minor child to						
	First Name	Middle Name	Last Name				
	My/Our relationship to the child is			·			
 The proposed change would be proper and not detrimental to the interests of any other person and in the best interest of the minor child. 							
5.	The reason for the change of name is						
6.	6. The child □is □is not the subject of a child support, allocation of parental responsibilities, or parenting time action. If so, please identify (case number), (type of case) and (name of Court).						
7.	. □The minor child (if 14 years of age or older), has not been adjudicated as a juvenile delinquent for an offense that would constitute a felony if committed by an adult in this state or any other state or under federal law. The fingerprint-based criminal history record check for the minor child is attached as Exhibit A and is conducted within 90 days prior to the filing of this Petition.						
8.	The required notice to the non-custodial parent has been accomplished by: □ notice □ consent or □ request to publish and is filed with this petition □Not Applicable (There is no non-custodial parent)						

l/We, swear/affirm		he foregoing Pe	etition and	d that	the
statements contained in this Petition are true to the be	st of my knowledge and belief.				
Date:	Signature of Petitioner				
	Address				
	City, State, Zip Code				
	Telephone #: (home)	(work)	(cell)		
Subscribed and affirmed, or sworn to before, this day of	me in the County of		,	State	of
My Commission Expires:	Deputy Clerk/Notary F	Public			
Date:	Signature of Petitioner				
	Signature of Petitioner				
	Address				
	City, State, Zip Code				
	Telephone #: (home)	(work)	(cell)		
Subscribed and affirmed, or sworn to before, this day of			,	State	of
My Commission Expires:		Public			
	Dopaty Clothy Notary 1	abilo			