

County Court, Denver County, Colorado 1437 Bannock Street, Room 135 Denver, Colorado 80202, 720-865-7840		▲ COURT USE ONLY ▲
In the Matter of the Petition of:		
For a Change of Name to:		
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number:	E-mail:	Division: Civil Courtroom:
FAX Number:	Atty. Reg. #:	
PETITION FOR CHANGE OF NAME (ADULT)		

1. My current full name is _____
First Name Middle Name Last Name
2. I wish to change my name to _____
First Name Middle Name Last Name
3. My date of birth is _____
4. I am 18 years of age or older.
5. I am a resident of _____ County.
6. I have not been convicted of a felony or adjudicated 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. My certified, fingerprint-based criminal history record check from the FBI is attached as Exhibit A and my certified, fingerprint-based criminal history record check from the CBI is attached as Exhibit B. Both are dated within 90 days of the filing of this Petition pursuant to §13-15-101(b), C.R.S.
7. I am requesting a name change for the following reason(s): _____

8. The proposed change of name would be proper and not detrimental to the interest of any other person.
9. ☐ I ask the Court to order publication of my name change request as required by § 13-15-102, C.R.S.
Or
☐ Publication of my name change request is not required for the following reason(s): _____

I ask the court to order the name change. I _____, swear/affirm under oath that I have read the foregoing Petition and that the statements contained in this Petition are true to the best of my knowledge.

Date: _____

Signature of Petitioner

Address

City, State, Zip Code

Telephone #: (home) (work) (cell)

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20_____.

My Commission Expires:

Deputy Clerk/Notary Public