

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: Parent(s)/Petitioner(s): for: Minor Child: to change the child's name to:		
Attorney or Party Without Attorney (Name and Address): Phone Number: FAX Number: E-mail: Atty. Reg. #:		
		Case Number: Division: Civil Courtroom:
PETITION FOR CHANGE OF NAME (MINOR CHILD)		

1. Information regarding the minor child:

Full Name of Minor Child (First, Middle and Last)	Mailing Address	Date of Birth

2. The minor child is a resident of _____ County, Colorado.

3. I/We _____ wish to change the name of the minor child to

First Name	Middle Name	Last Name
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My/Our relationship to the child is _____.

4. 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. 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)

I/We, _____ 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 and belief.

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

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