

CHECK LIST FOR NAME CHANGE OF MINOR CHILD

1. Complete sworn PETITION FOR NAME CHANGE OF MINOR CHILD form in full.
2. Attach copy of minor child's birth certificate.
3. Attach copy of Petitioner(s) Driver's License or other form of government issued picture I.D.
4. Pay filing fee to the Clerk's office and file Petition.
5. Set Court date with Clerk's office. (The Court date will only be set after steps one (1) through four (4) are completed.

If both parents on the minor child's birth certificate do not join in on the Petition, the legal parent(s) must be provided a copy of the Petition at least ten (10) days prior to the hearing and show proof of notice.

If Petitioner(s) is/are not the parent(s) on the minor child's birth certificate a copy of a Court Order (Order of Adoption, Guardianship, Custody, etc.) must be attached showing that Petitioner(s) has/have legal custody of the minor child.

**IN THE CHANCERY COURT FOR SUMNER COUNTY, TENNESSEE
AT GALLATIN**

IN RE: THE NAME CHANGE OF: _____)
 _____) NO. _____ -CV- _____
 A Minor Child, DOB: _____)
 _____)
 _____ and)
 _____)
 Petitioners)

**PETITION FOR NAME CHANGE
OF MINOR CHILD**

- Directions:**
1. Print and use **FULL NAMES** First, middle, last
 2. Attach a copy of **CHILD'S BIRTH CERTIFICATE.**
 3. Attach a copy of **PETITIONER'S DRIVER'S LICENSE OR OTHER IDENTIFICATION.**
 4. Print your **FULL ADDRESS** which includes **ZIP CODE.**
 5. **Minor child's biological and legal mother and father must be mailed a copy of complete Petition a minimum of ten (10) days prior to hearing.**

1. The Petitioners, _____, and _____,
 respectfully shows the Court as follows:

2. Petitioner(s) is/are resident of Sumner County, Tennessee and Petitioner's address is/are:

Street address	City & State	Zip code
Street address	City & State	Zip code

Petitioner(s) phone number is/are: _____ and _____.

3. Petitioner(s) has been a resident of the State of Tennessee for _____ years.

4. The legal name on the child's birth certificate (copy attached) is:

First	Middle	Last
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5. The minor child was born on the _____ day of _____, 20____,
 in _____,
City State County

6. Minor child's legal mother's name is: _____
Name

Street address	City & State	Zip code
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7. Minor child's legal father's name is: _____
Name

Street address City & State Zip code

8. Petitioner(s) seeks a name change/correction: (Check all that apply)
 To correct birth certificate;
 To change name on birth certificate;
 To change name on Social Security Card;
 Personal reasons (must explain here and will testify to in Court.) _____

9. Petitioner requests that the minor child's name be changed from:

First Middle Last
to _____
First Middle Last

10. Petitioner(s) states that the request for name change is not to defraud, to evade law enforcement authorities or creditors pursuant to T.C.A. 29-8-101.

11. Petitioner(s) states that he/she has not been convicted of first or second degree murder; that he/she is not required to register pursuant to Sexual Offender Registration and Monitoring Act, codified at T.C.A Title 40, Chapter 39.

12. Petitioner(s) states that he/she has a Tennessee Driver's License or identification card, that the number is _____ and _____ (copy attached).

13. Petitioner(s) states that the name change requested is in the best interest of the minor child.

PREMISES SEEN AND CONSIDERED, PETITIONER PRAYS:

1. That upon a hearing in open court that the petitioner be granted a name change from

First Middle Last
to _____
First Middle Last

for legal purposes which shall be testified to the Court.

2. For such other further and general relief to which he/she may be entitled.

SUBMITTED UNDER OATH:

Name _____

Address _____

Phone # _____

Subscribed and sworn before me this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires: _____

SUBMITTED UNDER OATH:

Name _____

Address _____

Phone # _____

Subscribed and sworn before me this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires: _____

**THIS IS SET TO BE HEARD ON THE _____ DAY OF _____,
AT _____ AM/PM IN THE CHANCERY COURT OF SUMNER COUNTY
AT GALLATIN, TENNESSEE.**

CERTIFICATE OF SERVICE

I do hereby certify that a true and exact copy of the foregoing Petition has been mailed postage prepaid or hand delivered to the following, on this the ___ day of _____, ____:

Name

Name

Address

Address

City, State & Zip Code

City, State & Zip Code

Mother

Father