

IN THE SUPERIOR COURT OF WALTON COUNTY  
STATE OF GEORGIA

In re the Name Change of Child(ren):	)	
_____	)	
_____	)	Civil Action Number:
_____	)	_____
_____	)	
_____	)	
_____	)	
Petitioner,	)	
	)	
v.	)	
	)	
_____	)	
Respondent.	)	

**PETITION TO CHANGE NAME(S) OF MINOR CHILD(REN)**

The Petitioner files this *Petition to Change Name(s) of Minor Child(ren)*, and states the following in support of the petition:

- 1) The Petitioner’s name is \_\_\_\_\_, and he or she resides in Walton County, Georgia. Therefore, jurisdiction and venue are proper in this Court.
  - 2) The petitioner’s relationship to the children in this action is: [***Check only one below.***]
- Mother                       Father                       Guardian.

- 3) These are the current names, birthdates, and proposed new names of the child(ren) for whom the name change is sought:

<i>Current Name of Child</i>	<i>Date of Birth</i>	<i>Proposed New Name</i>

4) **[Check only one of the following.]**

The minor children live with the Petitioner in Walton County, Georgia.

The minor children do not live with the Petitioner. They live with \_\_\_\_\_  
\_\_\_\_\_ in \_\_\_\_\_ County,  
Georgia.

5) The reasons for this name change are as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) The mother of the child(ren) is \_\_\_\_\_, her address is \_\_\_\_\_, and she:

**[You must check one (and only one) of the following.]**

Has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this *Petition*.

Is deceased.

Has abandoned the child(ren).

Has not contributed to the support of the child(ren) for a continuous period of at least 5 years immediately preceding the filing of this *Petition*.

7) The father of the child(ren) is \_\_\_\_\_, his address is \_\_\_\_\_, and he:

**[You must check one (and only one) of the following.]**

Has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this *Petition*.

Is deceased.

Has abandoned the child(ren).

Has not contributed to the support of the child(ren) for a continuous period of at least 5 years immediately preceding the filing of this *Petition*.

8) ***[You must check one (and only one) of the following.]***

There is no legal guardian for the child(ren), other than the parent(s).

Both parents are deceased or have abandoned the child(ren), and the guardian of the child(ren) is \_\_\_\_\_, whose address is \_\_\_\_\_, and he or she has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this *Petition*.

THEREFORE, the Petitioner asks:

a) That the name(s) of the minor child(ren) be changed to the names shown in Paragraph 3 of the *Petition*.

***[Check one of the following methods of service for each person who must be served. Be sure to carefully read the instructions about service before you complete this part.]***

b) That the sheriff's department personally serve the (  mother) (  father) (  person acting as guardian of the minor children), whose address is shown above.

c) That the (  mother) (  father) (  person acting as guardian of the minor children) be served by certified mail because he/she resides outside the state of Georgia.

d) That the Court order service by publication for the (  mother) (  father) (  person acting as guardian of the minor children), whose address is unknown.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner, *Pro se* (Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (day): \_\_\_\_\_