

Responses must be accurate and verifiable. Answer every question; do not leave blanks. If a question does not apply to your situation, please write 'N/A'. Please complete this form and provide the requested documents to intake@probono-no.org or by mail or in person to 935 Gravier Street, Suite 1340, New Orleans, Louisiana 70112.

St. Tammany or Washington Parish applicants may send the requested documents to krichard@probono-no.org or by mail or in person to 810 N. Columbia Street, Suite A, Covington, LA 70433.

1. APPLICANT INFO

Provide your name as it **currently** appears on your government-issued ID.

Your Full Name: _____

Why are you seeking a name change? _____

Are you seeking a name change for yourself or a minor child? Myself (proceed to 2) A minor child (proceed to 3)

NOTE: Name change petitions are served on the District Attorney's Office which will then conduct a full background investigation to determine if there are any bases to object to the petition. Individuals with certain felony convictions may not be eligible to file a petition for name change. **Have you ever been convicted of a felony?** YES NO

2. YOUR INFO

Complete only if you're seeking a name change for **yourself**.

Your Desired Full Name: _____

3. MINOR CHILD

Complete only if you're seeking a name change for a **minor child**.

Child's Current Full Name: _____

Desired Full Name: _____

Your relationship to the child: _____ Do you have custody of the child? YES NO

Where Was the Child Born?

City	State/Region/etc.	Parish/County	Postal Code	Country

Other Biological Parent Name(s) (provide both if you are not a biological or adoptive parent):

Their Phone Number(s): _____

Do they agree with the name change? YES NO NOT SURE OTHER: _____