

ADULT NAME CHANGE INFORMATION SHEET

MASON COUNTY DISTRICT COURT
419 N. 4th St./ PO Box "O"
Shelton, WA. 98584
Telephone (360) 427-9670 ext. 343

INTRODUCTION

A person is free to adopt and use any name that he/she sees fit so long as it is not done for any fraudulent purpose and does not infringe upon the rights of others.

A person cannot change one's name to avoid family responsibilities, to evade creditors, to aid a fugitive from justice, to avoid paying taxes, to intentionally injure or embarrass another person, or to unfairly compete in business or a profession.

WHERE TO FILE

Any person desiring a change of the person's name or that of the person's child or and individual subject to guardianship for whom the person has been appointed as guardian, may apply therefor to the district court of any judicial district in the state, by petition setting forth the desire for such change.

Per RCW 4.24.130 –

(5)(a) Name change Petitions may be filed and shall be heard in any superior court in the state:

(i) When a person desiring a change of the person's name:

(A) Is an emancipated minor under chapter 13.64 RCW; or

(B) Has received asylum, refugee, or special immigrant juvenile status; or

(ii) If the reason for the person's name change, or the name change of the person's child or of an individual subject to guardianship for whom the person has been appointed as guardian, is:

(A) Related to gender expression or identity as defined in RCW 49.60.040; or

(B) Due to an experience of or reasonable fear of domestic violence, stalking, unlawful harassment, or coercive control as those terms are defined in RCW 7.105.010.

(b) When a person for whom a name change is sought is a child named in a proceeding under title 13 or 74 RCW in which the court has exercised original, exclusive jurisdiction, the juvenile court has jurisdiction to either adjudicated a name change petition or grant concurrent jurisdiction to another court to hear the petition....

****IF YOU FILE IN DISTRICT COURT YOUR NAME CHANGE IS PUBLIC RECORD****

You can obtain the instructions and Petition at the District Court clerk's office or on the internet at <https://masoncountywa.gov/forms/district-court/index.php>

Mason County District Court's hours are 8:30 a.m. until 4:30 p.m., Monday through Friday.

WHAT TO FILE

If the person whose name is to be changed is **18 YEARS OF AGE OR MORE**, you must:

- ☐ Present a piece of identification which contains your photograph and signature.
- ☐ File a completed Petition for Name Change; and
- ☐ Pay the filing fee of \$ 306.50 (see breakdown under COSTS section)

***** **EXACT CHANGE WILL ONLY BE ACCEPTED** *****

IF YOU ARE UNDER THE JURISDICTION OF THE DEPARTMENT OF CORRECTIONS

You must show the court proof that you have submitted a copy of your Petition for Name Change to the Department of Corrections DOC at least five (5) days before the court hears your petition.

IF YOU ARE REQUIRED TO REGISTER AS A SEX OFFENDER

The petitioner must show the court proof that a copy of the Petition for Name changes has been submitted to the Sheriff of the county of residence and to the Washinton State Patrol at least five (5) days before the court hears the petition. If the petition is granted, then the petitioner must submit a copy of the Courts Order to the same agencies within five (5) days of the entry of the Order.

COSTS

Total cost for filing is of \$ 306.50 which includes:

- \$ 83.00 file fee
- \$ 10.00 Administrative fee
- \$ 10.00 – 2 certified copies – (1 for Petitioner and 1 for Auditor)
add \$ 5.00 for each additional certified copy.
- \$ 203.50 – Recording fee for Auditor (*1st page**)
 - Add 1.00 for each additional page.

Hearings and Court Room Procedures

When you file your Petition for Name Change, the Clerk will assign you a hearing date and provide you with a hearing notice containing the date and time.

On the hearing date, you must provide a certified copy of your birth certificate and photo identification. Arrive early and wait in the courtroom for your name to be called. While the actual time to complete your hearing is minimal, you will have to wait your turn, so plan on at least an hour for your case to be completed.

You must attend the hearing in person. When the Judge calls your case, come to the front of the Courtroom. The Judge will ask you some questions in order to determine if the petition should be granted. If the Judge allows the name change, you will report to the Clerk's counter, pay any additional fees, and receive two certified copies.

Required Notification to Other Agencies

The Court will transmit the Order Changing Name to the Mason County Auditor to be recorded as a public record. The fee for recording the Order is included in your filing fee.

- ☐ If the person whose name has been changed was born in the State of Washington, the Department of Vital Records requires notice of the order changing the person's name. You must mail a certified copy to: Washington Department of Vital Records, PO Box 9709 ET-14, Olympia, WA. 98504-9709. It is suggested that you request a copy of the birth certificate reflecting the name change. This will require a check for \$20.00 and a self-addressed stamped envelope.
- ☐ The Social Security Administration requires you to provide them with a certified copy of the order changing your name. The local office is located at 1821 Cooks Hill Rd., Suite 100, Centralia, WA 98531.
- ☐ If you are merely reverting to a maiden name after a divorce, there is no need to change your name with the Department of Vital Records.
- ☐ If the person whose name has been changed holds a driver's license, the Department of Licensing requires a certified copy of the court order be shown to them in order to issue a new driver's license.
- ☐ If the person whose name has been changed is in military service, an additional certified copy is necessary to be provided for military records.
- ☐ If the person whose name is changed is required to register as a sex offender, then a copy of the order must be provided to the sheriff's office of the county of residence and the Washington State Patrol within five (5) days of the date of the entry of the order.

**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
FOR MASON COUNTY**

In re the Change of Name of

Cause No.

Petitioner.

**PETITION FOR ORDER
CHANGING NAME OF ADULT**

Hearing date: _____

Hearing time: _____

Location: 419 N. 4th St., Shelton, WA. 98584

Courtroom: _____

Petitioner does not seek this name change to defraud or mislead any person. Petitioner declares further: (check all boxes that pertain to you)

1. I am applying for a Court order which will change my name:

A. FROM:

CURRENT FIRST NAME

CURRENT MIDDLE NAME

CURRENT LAST NAME

| | | |
|--|--|--|
| | | |
|--|--|--|

B. TO:

NEW FIRST NAME

NEW MIDDLE NAME

NEW LAST NAME

| | | |
|--|--|--|
| | | |
|--|--|--|

2. I desire the "*Petition for Change Name*" because:

3. Does any person (entity) have guardianship over your person or estate? ☐ Yes ☐ No

4. Do you have picture identification to show at time of name change? ☐ Yes ☐ No
5. Is this Petition being made to avoid creditors? ☐ Yes ☐ No
6. Is this Petition being made for any illegal or fraudulent purpose? ☐ Yes ☐ No
7. Is this Petition being made because of domestic violence and you desire to have the changed sealed due to reasonable fear for safety (RCW 4.24.1360 (5))? ☐ Yes ☐ No

If marked "Yes" – you must file your Sealed Name Change Petition with Superior Court.

8. **I am** under the jurisdiction of the Department of Corrections (or under probation with the Department of Corrections)? * ☐ Yes ☐ No

*If under the jurisdiction of the Department of Corrections (DOC), a copy of this application (petition) shall be submitted (BY PETITIONER) to said Department not fewer than five (5) days before entry of an order granting name change (AND HAVE PROOF OF SAME), and offender shall submit a copy of the order to said Department within five (5) days of entry of an order granting name change. Violation of this is a misdemeanor. RCW 4.24.130(2)

9. **I am** required to register as sex offender under RCW 9A.44.130? ** ☐ Yes ☐ No

**If subject to registration requirements under RCW 9a.44.130 as a sex offender a copy of this application (petitioner) shall be submitted (BY THE PETITIONER) to the Mason County Sheriff AND the Washington State Patrol not fewer than five (5) days before entry of an order granting name change 9AND HAVE PROOF OF SAME), and offender shall submit a copy of the order to said Sheriff and the Washington State Patrol within three (*3) business days of entry of an order granting name change. See RCW 944.130(7).

10. Is there anything else you would like to present to the Court in support of your name change? Please describe.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at

(City and State)

, on

(Date)

(Petitioner's **Printed** Full, Middle and Last Name)

(Petitioner's **Signature**)

Return To: (Name and Address)

District Court of Washington for Mason County

In the Matter of the Change of Name of:

Petitioner.

No.

**Order Changing Petitioner's Name
(Adult)**

THIS MATTER coming on regularly for hearing before the undersigned Judge of the above-entitled Court upon the Petitioner's request pursuant to RCW 4.24.130 for an Order Changing Petitioner's Name; it appearing to the Court that the Petitioner is an adult; the Court finding that the statements made in the Petition and in open Court, if any, are true; and that the change of Petitioner's name is not for any fraudulent purpose and does not infringe upon the rights of any third party; Now, therefore, it is hereby

ORDERED, ADJUDGED and DECREED that the Petition is approved pursuant to RCW 4.24.130, and the Petitioner's name is changed for all intents and purposes as follows:

FORMER NAME

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
| | | |

NEW NAME

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
| | | |

DATED this _____ day of _____, 20____.

JUDGE