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| --- | --- | --- | --- |
| State of Minnesota |  |  | District Court |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Name Change |

In the Matter of:

First Middle Last

**Order Granting Name Change**

**And Other Relief**

For a change of name to: **(Minn. Stat. § 259.10, § 144.218, and § 144.2181)**

First Middle Last

The above entitled matter came on for hearing before the undersigned Judge on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ upon the Application for a Name Change and Other Relief. Upon the

Date

testimony and files, the Court finds the following:

1. The application is made in good faith without intent to defraud or mislead.
2. The applicant(s) has/have lived in the State of Minnesota for at least six months preceding the filing

of the application, and now live at:

Street City/Town State Zip

in County.

1. Name of applicant and date of birth:
2. Name of spouse and date of birth:

This application 🞏 does 🞏 does not include spouse.

1. Name(s) of minor children and date(s) of birth:

🞏 This application does not include minor children listed above.

🞏 This application includes the following minor children listed above:

1. This applicant requests:

* To have his/her name changed to
* To have his/her name changed on birth records created or maintained by the Minnesota Department of Health to
* To have his/her sex changed on birth records created or maintained by the Minnesota Department of Health to .
* To have the Minnesota Department of Health issue and register a replacement birth record. Applicant further requests the prior birth record be kept confidential and the replacement birth record not to include any reference to Applicant’s 🞏 former name 🞏 former sex.

🞏 To have the name of his/her spouse changed to

🞏 To have the name(s) of his/her child (ren) changed to

1. The applicant (and included spouse or child (ren))

🞏 Has not been convicted of a felony in any state.

🞏 Has been convicted of a felony as follows:

**AND** 🞏 Proper notice has been given to the prosecuting authority and Minnesota Attorney General

**AND** 🞏 No objection has been filed.

1. Legal description of lands in the State of Minnesota upon which the following have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary.)

🞏 Applicant

🞏 Spouse

🞏 Child (ren)

1. Other:

.

**The application is granted and IT IS ORDERED that:**

🞏 The legal name of the Applicant shall be

🞏 The legal name of the spouse shall be

🞏 The legal names of the minor child (ren) shall be

🞏 The Minnesota Department of Health shall change the name on the birth record from to

🞏 The Minnesota Department of Health shall change the sex on the birth record from to

.

🞏 The Minnesota Department of Health shall issue and register a replacement birth record for the Applicant. The prior birth record shall be confidential pursuant to Minn. Stat. § 13.02, subdivision 3, and shall not be disclosed except pursuant to court order.

🞏 The replacement birth record shall not include any reference to the Applicant’s

🞏 former name

🞏 former sex

and

🞏 shall reflect the Applicant’s current legal name of

🞏 shall reflect the sex designation of . .

**All persons having a criminal history who have been granted a name change by this court have a duty to report that name change to the Bureau of Criminal Apprehension within ten (10) days of this order.**

🞏 Other

Dated:

Judge of District Court

**DUTY TO REPORT NAME CHANGE**

**Minn. Stat. § 259.11B**

If you have a criminal history and have changed your name, you have a duty to report your name change to the Bureau of Criminal Apprehension located at 1430 East Maryland Avenue, St Paul, MN 55106, (651)793-2400, **within ten (10) days of this order.** Failure to do so is a gross misdemeanor punishable by up to one (1) year in prison and/or a fine of $3000.