

STATE OF SOUTH DAKOTA)
)
COUNTY OF _____)

IN CIRCUIT COURT

JUDICIAL CIRCUIT

IN THE MATTER OF THE PETITION RE:	FILE NO: _____

(Current Name)	
FOR A CHANGE OF NAME TO:	VERIFIED PETITION FOR ADULT NAME CHANGE

(Proposed Name)	

COMES NOW Petitioner and does hereby state, under oath as follows:

1. My current name is: _____.
2. My full name, as it appears on my birth certificate, is: _____
_____.
3. I am an adult and my date of birth is (mm/dd/yyyy): _____.
4. My gender at birth: male / female.
5. I was born in _____, _____ County, State of _____.
6. My mother's full maiden name is: _____.
7. The month, day and year of my mother's birth was (mm/dd/yyyy) _____
and she was born in _____, _____ County,
State of _____.
8. My father's full name as it appears on my birth certificate is
_____.

9. The month, day, and year of my father's birth was (mm/dd/yyyy) _____
and he was born in _____, _____ County,
State of _____.

10. My street address is _____, in
_____ County, South Dakota.

11. I have been a resident of _____ County, South Dakota for more than
six months prior to filing this petition.

12. My reason for wanting the name change is: _____

_____ (if applicable, please check a box):

thereby making me a victim of human trafficking with a particularized need for a change
of name to protect me from a person who victimized me, pursuant to SDCL 21-37-5.2.

thereby making me a victim of domestic abuse with a particularized need for a change of
name to protect me from a person who victimized me, pursuant to SDCL 21-37-5.2.

13. This petition is made in good faith, I do not intend to defraud anyone, and it is not done for
the purpose of hiding my identity from any person, creditor or governmental agency of any
kind or as to avoid discovery by such person, creditor or governmental agency.

14. I request that my name be legally changed from _____
_____, to _____
_____.

15. (check the box and answer if applicable) If my legal name change is granted, I also seek amendment of my birth certificate for the following reason(s): _____

_____.

Dated this _____ day of _____, _____.

Petitioner's Signature

Petitioner's Printed Name

Petitioner's Mailing Address

City, State, & ZIP Code

Petitioner's Phone Number

VERIFICATION

STATE OF SOUTH DAKOTA)
 : SS
COUNTY OF _____)

Petitioner, being first duly sworn, deposes and states that he or she verifies the facts expressed within the Verified Petition for Adult Name Change are true.

Dated this _____ day of _____, 20 ____.

Petitioner's Signature

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public/Clerk of Court

(SEAL)

If Notary, my commission expires: _____