

In the Iowa District Court for _____ County

**Petition for Change of Name
of Minor Child**

In re the Name Change of:

No. _____

A minor child

If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

I (We), _____, as parent(s) of _____, a minor child, for this Petition for Change of Name of Minor Child under Iowa Code chapter 674, state:

1. Check either A., B., or C:

- A. I am the sole parent qualified to act on behalf of the minor child and that parental rights of the other parent have been terminated or there is no other legally established parent;
- B. The other parent has not consented to the minor child's change of name; or,
- C. We (both parents) consent to the minor child's change of name.

2. The minor child's present full name is _____, and the minor child resides in _____ County, Iowa.

3. The minor child's date of birth is _____ (month, day, year), and the minor child is therefore (check either A. or B.):

- A. Under fourteen (14) years of age and (check only one of the following):
 - 1. Both parents, as listed on the minor child's birth certificate, consent to the minor child's change of name upon verifying and filing this petition;
 - 2. I will serve notice of hearing to the non-consenting parent pursuant to the Iowa Rules of Civil Procedure;
 - 3. I will provide adequate proof that the non-consenting parent has abandoned the minor child;
 - 4. I will provide adequate proof that the non-consenting parent has been ordered to contribute to the support of the child or to financially aid in the child's birth and has failed to do so without good cause; or
 - 5. I will provide adequate proof that the non-consenting parent does not object to the name change after having been given due and proper notice.
- B. Fourteen (14) years of age or older and a written consent of the child is attached to this petition.

4. The minor child is ____ feet, ____ inches tall; weighs ____ lbs.; has ____ color hair; and ____ color eyes.

5. The minor child is a ____ (race) ____ (female/male) who was born in ____ (place of birth).

6. Petitioner(s) currently reside(s) at _____, and the minor child currently resides at _____.

7. Petitioner(s) and the minor child has (have) also resided at the following prior addresses during the past five years:

Petitioner(s)	Minor child
_____	_____
_____	_____
_____	_____

8. I (We) request a change of name for the minor child for the following reasons:

9. A change of name for the minor child has not been previously requested pursuant to Iowa Code chapter 674.

10. Check either A or B:

- A. A certified copy of the minor child's birth certificate is attached to this petition; or,
- B. A certified copy of the minor child's birth certificate is not available because (state reasons birth certificate is not available):

11. If the minor child's birth certificate is not available, petitioner(s) must attach another form of identification in place of the certified copy of the birth certificate. Such other form of identification may include documents provided by the United States department of immigration and naturalization service.

12. I (We) request the court to enter an order changing the minor child's name:

From (child's present full name) _____

To (child's requested new name) _____

I (We) certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature of parent

Date

Signature of parent

Date