STATE OF MAINE

_____COUNTY PROBATE COURT DOCKET NO._____

In Re: _____
Current Legal Name

PETITION FOR CHANGE OF NAME
(ADULT)
18-C M.R.S. §1-701

1. Full legal name of Petitioner (include middle name, if any):

_____ _____ _____
First Middle Last

2. Address and telephone number of Petitioner (include physical address, if different):

_____

_____

_____

_____

3. Email address: _____

4. Date of birth of Petitioner: _____

5. All names you have been known as such as birth name; maiden name:

_____

_____

_____

6. Petitioner desires to change Petitioner's name to (include middle name, if any):

_____ _____ _____
First Middle Last

7. Petitioner desires to change Petitioner's name for the following reasons:

_____

_____

_____

_____

_____

8. I understand that the Court will be obtaining a criminal history record check, a motor vehicle record check or a credit check pursuant to 18-C M.R.S. § 1-701(5). I understand this information will be confidential and will be destroyed after the name change has been decided. Should you wish to have a copy of the background check, you will need to contact the State Bureau of Investigation at (207) 624-7240.

9. Pursuant to 18-C M.R.S. § 1-701(3-B), Petitioner is aware that the name change order will be public and that an abstract of the name change order will be transmitted to the Department of Public Safety, Bureau of State Police, State Bureau of Identification, **unless** I request otherwise.

I am additionally requesting that:

☐ The name change order be confidential. I assert that the public interest in being aware of my name change is outweighed by my interest in maintaining the confidentiality of the name change for the following reasons:

_____

_____

_____

☐ The Court NOT notify the Department of Public Safety, Bureau of State Police, State Bureau of Identification of the name change. I assert that the extraordinary circumstances that justify that my name is not transmitted are as follows:

_____

_____

_____

Dated: _____

_____
Petitioner (Using Current Legal Name)

_____
Attorney (if Petitioner is represented by counsel)[1]

Attorney for Petitioner(s), if any:

_____
Name

_____
Address

_____
Address

_____
Phone Number

_____
Maine Bar Number

_____
Email Address

[1] See M.R. Prob. P. 11

STATE OF MAINE

_____ COUNTY DATED: _____

Personally appeared the above-named _____ who acknowledged that the person's signature thereon is genuine and that the person executed as the person's free act and deed.

_____
Notary Public/Register of Probate/Attorney at Law

_____
Typed or printed name of officer taking oath

MARP