CIRCUIT COURT FO	OR	, MARYLAND
	City/County	
TODICIAR Located at	City/County Te Court Address	elephone
	Court Address	Case No.
IN THE MATTER OF:		
Your current legal name		
Street Address		
City, State, Zip		
FOR CHANGE OF NAME TO:		
Name you want to be known as		
PETITION	FOR CHANGE OF NAME OF A (Md. Rule 15-901)	N ADULT
change of name. The SBE former name, even if the crequest shielding of this in your new name and your for Attach your birth certificat license, passport, court or adoption decree).	dired by law to notify the State Board of database may still contain information case file is made confidential. Please conformation and/or to sever the link in the former name. It or any other document(s) with your of der for change of name, divorce decree ourts.gov/legalhelp/family/namechange	n linking your new name to your ontact the SBE to determine how to me MDVOTERS database between current name (e.g., driver's restoring your former name,
I,	, whose address is	
Your current name		Address
	, whose telephone number is	, and whose
		•
	E-mail address	
1. I was born on	e of birth City, st	•
• •	in this county/Baltimore City because	
	arry on a regular business here. \square worlage in a vocation here. \square was born her	
3. The name I was given a	at birth is	
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Birtl	h name

	lowing since birth for the following reasons: have changed since birth, for example, marriage,
Name changed to:	Reason:
5. I am requesting that my name be chang because:	ed toName you want to be known as
6. Select one: ☐ I have never registered as a sexual ☐ I am registered or previously have following name(s):	offender in any state. been required to register as a sexual offender under the
Name(s) (including any	State(s) where registration is/was required:
7. I am not requesting a name change for a FOR THESE REASONS , I request the court to i	
Current legal name	Name you want to be known as
I,Petitioner's current name	, solemnly affirm under the penalties of perjury that the
contents of this document are true to the best of m	y knowledge, information, and belief.
Date	Petitioner's Signature
Street Address	Printed Name
City, State, Zip	Telephone
E-mail	Fax

Case No.