



560 N. Arrowhead Avenue, Suite 5A
San Bernardino, CA 92401
Telephone: (909) 383-1549 • Facsimile: (909) 635-6016

Name Change Intake

Subject Information:

The exact name, as it is now (first middle last) on the birth certificate:

First Name Middle Last

Street Address changeCity State Zip

Mailing Address (if different from above)

Street Address City State Zip

Telephone: (____) _____ Cell Phone: (____) _____

Marital Status: _____

Birthdate (Month, Day, Year): _____ Social Security Number: _____

Driver's License (No. / State): _____

Citizenship Status: _____

Exact spelling of New Name:

First Name Middle Last

Reason for Change: _____

Is the subject a minor? ☐ Yes ☐ No

If Yes; will both parents be signing the petition? ☐ Yes ☐ No

Date

Print name

Signature