STATE OF VERMONT

SUPERIOR COURT **PROBATE DIVISION**
Unit **Case No. _____**

Current Full Legal Name

First	*Middle*	*Last*

PETITION OF ADULT TO CHANGE NAME

The undersigned Petitioner represents as follows:

That I was born at _____ on _____.
town or city/state *date of birth*

That the name I wish to be known by is:
_____ / _____ / _____
First *Middle* *Last*

Town of legal physical residence: _____, Vermont

Do you want your birth certificate changed? ☐ **YES** ☐ **NO**

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the Court.

Date: _____ Signature _____

Printed Name _____

Mailing Address
_____
_____
_____

Phone Number _____

Email Address _____

Upon receipt of a change-of-name form submitted pursuant to 15 V.S.A. section 811, the Probate Court shall request the Department of Public Safety to determine whether the person's name appears on the Sex Offender Registry established by 13 V.S.A. § 5402. If the person's name appears on the Registry, the Probate Court shall not permit the person to change his or her name unless it finds, after permitting the Department of Public Safety to appear, that there is a compelling purpose for doing so.

At _____ by Personal Appearance OR Virtual Video, on the date executed below, the Petitioner did personally appear before me and acknowledged this instrument by him/her/them having signed, to be his/her/their free act and deed.

Date: _____ Probate Judge's Signature _____