



**CHANGE OF NAME**

RIGL 33-22-28

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

No. \_\_\_\_\_

Current Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name on Original Birth Record \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Petitioner's Occupation \_\_\_\_\_ Petitioner's Marital Status (optional) \_\_\_\_\_

The Petitioner has previously changed their name by Court Order:  Yes  No  
(if yes, attach copy)

The Petitioner resided at all of the following addresses:

\_\_\_\_\_

\_\_\_\_\_

Reason for Name Change (be specific):

\_\_\_\_\_

\_\_\_\_\_

Petitioner Requests a Name Change to:

\_\_\_\_\_

If applicable, the name on the birth record should be changed to:

\_\_\_\_\_

The undersigned Petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Name of Petitioner \_\_\_\_\_ Relationship of Petitioner \_\_\_\_\_

Signature of Petitioner \_\_\_\_\_ Date \_\_\_\_\_

**Notary:**

Name of Notary \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the petitioner, known to me or proved through satisfactory evidence, signed the document in my presence and swore or affirmed the statement(s) in the documents is/are truthful and accurate.

Signature of Notary Public \_\_\_\_\_ Date \_\_\_\_\_

Commission ID# \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_ Notary Seal \_\_\_\_\_

**DECREE**

Upon hearing thereon, the petitioner's request for change of name to \_\_\_\_\_ and, if applicable, the name on the birth record shall be changed to \_\_\_\_\_ are hereby granted this \_\_\_\_\_, day of \_\_\_\_\_ 20 \_\_\_\_\_.

Probate Judge \_\_\_\_\_ Date \_\_\_\_\_

Signature of Probate Judge \_\_\_\_\_

**Attach certified copy of the original birth certificate and BCI report.**