

**APPLICATION FOR CHANGE OF NAME (ADULT)**

COMMONWEALTH OF VIRGINIA VA. CODE § 8.01-217

VIRGINIA: In the Circuit Court of the [ ] City [ ] County of .....

IN RE: .....  
(APPLICANT'S NAME) FIRST MIDDLE LAST SUFFIX

COMES NOW, the applicant, .....

and after being duly sworn states under oath as follows:

1. Applicant's Birth Name: .....  
FIRST MIDDLE LAST SUFFIX

2. City or County of Residence: .....

3. Residence Address: .....  
STREET ADDRESS  
.....  
CITY STATE ZIP CODE COUNTRY

4. Mailing Address: .....  
IF DIFFERENT FROM RESIDENCE ADDRESS

5a. Date of Birth: ..... 5b. Place of Birth:.....

6. Father's Full Name: .....  
FIRST MIDDLE LAST SUFFIX

7. Mother's Full Name: .....  
FIRST MIDDLE MAIDEN CURRENT LAST

**Answer the following questions by checking appropriate "Yes" or "No" box and providing information as requested.**

8. Have you ever been convicted of a felony? ..... [ ] Yes [ ] No

9. Are you currently incarcerated? \*\* ..... [ ] Yes [ ] No

If yes, indicate facility name: .....

Facility Location:.....

10. Are you a probationer with any court?\*\*\* ..... [ ] Yes [ ] No

If yes, indicate court name: .....

11. Have you previously changed your name either by a prior application or by marriage? ..... [ ] Yes [ ] No  
(If yes, attach court order or other documentation and indicate previous names):  
.....

**\*\* Applications of probationers and incarcerated persons MAY be accepted if the Court finds good cause exists for such application. Attach explanatory documentation to the application**

WHEREFORE, the undersigned applicant further certifies under oath that this name change is not sought for any fraudulent purposes and will not infringe upon the rights of others, and pursuant to § 8.01-217 of the Code of Virginia, 1950, as amended, the applicant requests that the Court order a change of name from:

.....  
FIRST MIDDLE LAST SUFFIX  
to

.....  
FIRST MIDDLE LAST SUFFIX

\_\_\_\_\_  
APPLICANT

Commonwealth/State of .....

City  County of .....

Subscribed and sworn to/affirmed before me this ..... day of ....., 20 .....

by .....

.....  
DATE

\_\_\_\_\_  
 CLERK  DEPUTY CLERK  
 NOTARY PUBLIC My commission expires .....  
Registration No. ....