See Instructions (NAM101) for help in filling out this form.

State of Minnesota County of: Judicial District:			District Court Court File Number:	
			Case Type: Name Change	
□ Int	erpreter Requested (Lan	guage:)	
In the	Matter of the Application	n of:		
First	Middle	Last		
 First	Middle	Last		
	Application fo		nge and Other Relief (NAM102) tat. § 259.10	
The ur	ndersigned applicant stat	es that:		
1.	This application is made	e in good faith, v	without intent to defraud or mislead.	
2.	•	for at least six r	ir names changed on this application have lived in months immediately prior to the date of this	
	Street Address:			
	City, State, Zip:			
	County:			
3.	Name of applicant and	date of birth:		
	First Name:			
	Middle Name:			
	Date of Birth:			

4.	Name of applicant's spot applicable because appli	use (if married) and spous cant is not married)	e's date of birth: 🔲 N/	A (not	
	Spouse's First Name:				
	Middle Name:				
	Last Name:				
	Spouse's Date of Birth:				
	Does this application include spouse? \square Yes \square No				
5.					
	Child's First Name	Child's Middle Name	Child's Last Name	Child's Date of Birth	
1					
3					
				1	
5	5				
	If more than five children, add more paper. Does this application include any of the minor children listed above? Yes No If Yes, which of the minor children does this application include?				
6.	5. The name and address of the non-applicant parent of all minor children included in this application: N/A (Not applicable because either the applicant does not have minor children, or this application does not include minor children)				
	First Name:				
	Middle Name:				
	Last Name:				
	Street Address:				
	City/State/Zip:				
	If more space is needed,	add paper.			
	OR				

	☐ The non-applicant parent is not known, and the non-applicant parent's name is not shown on the child's birth certificate.		
7.	Applicant requests:		
	☐ To have applicant's name changed:		
	From:		
	Current First Name:		
	Current Middle Name:		
	Current Last Name:		
	То:		
	First Name:		
	Middle Name:		
	Last Name:		
	☐ To have applicant's name changed on the birth record created or maintained by the Minnesota Department of Health to:		
	(must reflect your current name or the proposed name if you checked the box above)		
	First Name:		
	Middle Name:		
	Last Name:		
	☐ To have the applicant's sex changed on the birth record created or maintained by the Minnesota Department of Health from to		
	☐ To have the Minnesota Department of Health issue and register a replacement birth record. Applicant further requests the prior birth record be kept confidential and the replacement birth record not to include any reference to Applicant's:		
	☐ former name		
	☐ former sex.		
	\square To have the name of applicant's spouse changed:		
	From:		
	Current First Name:		
	Current Middle Name:		
	Current Last Name:		
	-		
	To:		
	First Name:		
	Middle Name:		
	Last Name:		

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Current First Name:	
Current Middle Name:	
Current Last Name:	
To:	
First Name:	T
Middle Name:	
Last Name:	
Last Name.	
Child 2 – From:	
Current First Name:	
Current Middle Name:	
Current Last Name:	
To:	T
First Name:	
Middle Name:	
Last Name:	
Last Name:	
Child 3 – From:	
Child 3 – From: Current First Name:	
Child 3 – From: Current First Name: Current Middle Name:	
Child 3 – From: Current First Name:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name:	
Child 3 – From: Current First Name: Current Middle Name:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name: To:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name: To: First Name:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name: To: First Name: Middle Name:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name: To: First Name: Middle Name:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name: To: First Name: Middle Name: Last Name:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name: To: First Name: Middle Name:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name: To: First Name: Middle Name: Last Name: Child 4 – From:	
Child 3 – From: Current First Name: Current Middle Name: Current Last Name: To: First Name: Middle Name: Last Name: Child 4 – From: Current First Name:	

	Last Name:					
	Child 5 – From:					
	Current First Name:					
	Current Middle Name Current Last Name:	:				
	Current Last Name.					
	To:					
	First Name:					
	Middle Name:					
	Last Name:					
	If more than 5 children,	add more paper.				
Crimi	nal History:					
□ Na	party to this application	has a criminal history				
	z party to timo approaction	a criminal motory.				
OR						
	ne criminal history of the following parties included in this application is:					
☐ Th	ne criminal history of the	following parties included	d in this applicati	on is:		
□Th	ne criminal history of the	following parties included	d in this applicati	on is:		
□ Th	ne criminal history of the	following parties included	d in this applicati	on is:		
☐ Th	ne criminal history of the	following parties included	d in this applicati	on is:		
	ne following parties includ	led in this application hav	e been convicted	d of a felony:		
			e been convicted Date of			
	ne following parties includ	led in this application hav	e been convicted	d of a felony:		
	ne following parties includ	led in this application hav	e been convicted Date of	d of a felony:		
	ne following parties includ	led in this application hav	e been convicted Date of	d of a felony:		
	ne following parties includ	led in this application hav	e been convicted Date of	d of a felony:		
	ne following parties includ	led in this application hav	e been convicted Date of	d of a felon		
	ne following parties includ	led in this application hav	e been convicted Date of	d of a felony:		
☐ Th	Name of Person	led in this application hav	e been convicted Date of Offense	d of a felony:		
□ Th	Name of Person	led in this application hav	e been convicted Date of Offense	d of a felony:		
□ Th	Name of Person the applicant, spouse, or esota? Yes No	Name of Offense children have a claim, int	e been convicted Date of Offense erest, or lien in o	State Or on land in		
□ The Does Minner	Name of Person the applicant, spouse, or esota? Yes No	Name of Offense children have a claim, interests	e been convicted Date of Offense erest, or lien in constant to the constant of the constant	or on land in		
□ The Does Minner	Name of Person the applicant, spouse, or esota? Yes No	Name of Offense children have a claim, int	e been convicted Date of Offense erest, or lien in constant to the constant of the constant	or on land in		
□ The Does Minner	Name of Person the applicant, spouse, or esota? Yes No	Name of Offense children have a claim, interests	e been convicted Date of Offense erest, or lien in constant to the constant of the constant	or on land in		

County and state where signed: City/State/Zip:	10. \square Applicant is currently	involved in a victim or witness protection program.		
applicant's birth certificate and is submitting a certified copy of the Certification of Dissolution or equivalent court order ending the marriage and a certified copy of the applicant's birth certificate. No criminal history is required pursuant to Minn. Stat. § 259.11(b) and (c)(3). 13. Other:	• •	e in a correctional facility and is submitting the <i>Inmate Affidavit</i>		
Dissolution or equivalent court order ending the marriage and a certified copy of the applicant's birth certificate. No criminal history is required pursuant to Minn. Stat. § 259.11(b) and (c)(3). 13. Other: I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116 Date: Applicant's Signature: Name: Name: City/State/Zip: Phone: Email: Name: City/State/Zip: Phone: Email: Dhone:	12. ☐ Applicant is divorced a	and seeking to change their name to the legal name on the		
Dissolution or equivalent court order ending the marriage and a certified copy of the applicant's birth certificate. No criminal history is required pursuant to Minn. Stat. § 259.11(b) and (c)(3). 13. Other: I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116 Date: Applicant's Signature: Name: Name: City/State/Zip: Phone: Email: Name: City/State/Zip: Phone: Email: Dhone:	applicant's hirth certificat	ate and is submitting a certified conv of the Certification of		
applicant's birth certificate. No criminal history is required pursuant to Minn. Stat. § 259.11(b) and (c)(3). 13. Other:				
259.11(b) and (c)(3). 13. Other:				
I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116 Date:	applicant's birth certificate. No criminal history is required pursuant to Minn. St			
I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116 Date:	259.11(b) and (c)(3).			
I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116 Date:	13 Other			
County and state where signed: Date: Applicant's Signature:	13. Other.			
County and state where signed: Date: Applicant's Signature:				
County and state where signed: Address: City/State/Zip: Phone: Email: Co-Applicant's Signature (spouse): Name: County and state where signed: Address: City/State/Zip: Phone: Email: Date: Minor's Signature: (if 14 years old or older)	correct. Minn. Stat. § 358.116	, , ,		
City/State/Zip:		Name:		
Phone: Email: Co-Applicant's Signature (spouse): Name: County and state where signed: Address: City/State/Zip: Phone: Email: Minor's Signature:	County and state where signed:	Address:		
Date: Co-Applicant's Signature (spouse):				
Date: Co-Applicant's Signature (spouse):				
County and state where signed: Address: City/State/Zip: Phone: Email: Date: (if 14 years old or older)		Email:		
County and state where signed: Address: City/State/Zip: Phone: Email: Date: (if 14 years old or older)	Date:	Co-Applicant's Signature (spouse):		
County and state where signed: Address: City/State/Zip: Phone: Email: Minor's Signature: (if 14 years old or older)				
City/State/Zip:	County and state where signed:			
Date: Minor's Signature: (if 14 years old or older)		Address		
Date: Minor's Signature: (if 14 years old or older)		City/State/Zip:		
(if 14 years old or older)		City/State/Zip:		
(if 14 years old or older)		City/State/Zip:Phone:		
Name:	Date:	City/State/Zip:Phone:Email:		
	Date:	City/State/Zip: Phone: Email: Minor's Signature:		