

**State of Minnesota****District Court**

County

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

**Name Change**

In the Matter of:

\_\_\_\_\_  
First\_\_\_\_\_  
Middle\_\_\_\_\_  
Last**Order Granting Name Change  
And Other Relief**

For a change of name to:

**(Minn. Stat. § 259.10, § 144.218, and § 144.2181)**\_\_\_\_\_  
First\_\_\_\_\_  
Middle\_\_\_\_\_  
Last

\_\_\_\_\_

The above entitled matter came on for hearing before the undersigned Judge on \_\_\_\_\_ upon the Application for a Name Change and Other Relief. Upon the  
Date  
testimony and files, THE COURT FINDS the following:

1. The application is made in good faith without intent to defraud or mislead.
2. The applicant(s) has/have lived in the State of Minnesota for at least six months preceding the filing

of the application, and now live at: \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip  
in \_\_\_\_\_ County.

3. Name of applicant and date of birth: \_\_\_\_\_

4. Name of spouse and date of birth: \_\_\_\_\_

This application ☐ does ☐ does not include spouse.

5. Name(s) of minor children and date(s) of birth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ This application does not include minor children listed above.☐ This application includes the following minor children listed above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. This applicant requests:
- ☐ To have his/her name changed to \_\_\_\_\_
  - ☐ To have his/her name changed on birth records created or maintained by the Minnesota Department of Health to \_\_\_\_\_
  - ☐ To have his/her sex changed on birth records created or maintained by the Minnesota Department of Health 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.
  - ☐ To have the name of his/her spouse changed to \_\_\_\_\_
  - ☐ To have the name(s) of his/her child (ren) changed to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The applicant (and included spouse or child (ren))
- ☐ Has not been convicted of a felony in any state.
  - ☐ Has been convicted of a felony as follows: \_\_\_\_\_  
\_\_\_\_\_
- AND** ☐ Proper notice has been given to the prosecuting authority and Minnesota Attorney General  
**AND** ☐ No objection has been filed.
8. Legal description of lands in the State of Minnesota upon which the following have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary.)
- ☐ Applicant \_\_\_\_\_
  - ☐ Spouse \_\_\_\_\_
  - ☐ Child (ren) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**The application is granted and IT IS ORDERED that:**

- ☐ The legal name of the Applicant shall be \_\_\_\_\_
- ☐ The legal name of the spouse shall be \_\_\_\_\_

☐ The legal names of the minor child (ren) shall be \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ The Minnesota Department of Health shall change the name on the birth record from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_

☐ The Minnesota Department of Health shall change the sex on the birth record from \_\_\_\_\_ to  
\_\_\_\_\_.

☐ The Minnesota Department of Health shall issue and register a replacement birth record for the Applicant. The prior birth record shall be confidential pursuant to Minn. Stat. § 13.02, subdivision 3, and shall not be disclosed except pursuant to court order.

☐ The replacement birth record shall not include any reference to the Applicant's

☐ former name

☐ former sex

and

☐ shall reflect the Applicant's current legal name of \_\_\_\_\_

☐ shall reflect the sex designation of \_\_\_\_\_.

**All persons having a criminal history who have been granted a name change by this court have a duty to report that name change to the Bureau of Criminal Apprehension within ten (10) days of this order.**

☐ Other \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge of District Court

**DUTY TO REPORT NAME CHANGE**  
**Minn. Stat. § 259.11B**

If you have a criminal history and have changed your name, you have a duty to report your name change to the Bureau of Criminal Apprehension located at 1430 East Maryland Avenue, St Paul, MN 55106, (651)793-2400, **within ten (10) days of this order.** Failure to do so is a gross misdemeanor punishable by up to one (1) year in prison and/or a fine of \$3000.