

PROCEDURES FOR NAME CHANGE OF AN ADULT

This form packet contains these documents:

1. Name Change Checklist
2. Original Petition for Change of Name of Adult
3. Civil Case Information Sheet
4. Order Granting Name Change
5. Sample Prove Up

Steps to Follow:

1. **Prepare the Original Petition for Change of Name of Adult.** You may use this form as a "fill in the blank" if it fits your set of circumstances. Otherwise, you should re-type or re-write the Petition, including only the information that applies to your personal set of circumstances. You will be assigned a case number and court when you file. Sign the declaration on this form under penalty of perjury. (You could be criminally prosecuted for lying on this form.)
2. **Fill out the Civil Case Information Sheet completely.**
3. **Make two additional copies of the completed Original Petition before filing. (You do not need a copy of the civil case information sheet.)**
4. **File the Original Petition and Civil Case Information Sheet** in the District Clerk's office on the first floor of the courthouse at 2100 Bloomdale Road in McKinney. You will be required to pay a filing fee to the Clerk at this time. The clerk will file-stamp the original and copies with the date and time, and return the copies to you.
5. **You will be required to get fingerprints taken and sent to the Texas Department of Public Safety (DPS) for a background check.** Information on how to do this is attached. After the fingerprint cards have been sent to DPS, wait 6 weeks, and then call the District Clerk's office to see if the cards are in the file. If so, make an appointment for a hearing with the judge.
6. **Prepare the Order Granting Name Change** prior to the hearing.
7. **At the hearing**, you will state the facts of your petition as shown on the Declaration for Prove-Up. The judge will not help or ask questions. Give the Order Granting Name Change to the judge to sign after he or she hears the Prove Up.

Name Change Checklist

Some places to contact after you have changed your name:

- 1. Social Security**
- 2. Motor-vehicle agency**
- 3. Passport agency**
- 4. Financial services, including banks, credit cards, retirement plans, and insurance companies**
- 5. Utilities and phone company**
- 6. Medical services, including doctor, dentist, and health plan**
- 7. Voter registration**
- 8. Employer**
- 9. Estate lawyer, for will and other estate planning documents**
- 10. Schools and alumni groups**
- 11. Airlines and frequent-flier miles**
- 12. Family and friends**



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME RECORDS DIVISION
Access & Dissemination Bureau



SUBMISSION OF FINGERPRINT CARDS TO DPS/FBI FOR ADULT LEGAL NAME CHANGE

The Texas Family Code, Section 45.102, requires that each petition include a legible and complete set of the adult petitioner's fingerprints on a fingerprint card format acceptable to the Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI).

WHERE TO GET FINGERPRINTS TAKEN: The petitioner may call 1-888-467-2080 to schedule an appointment to be fingerprinted at a "Print and Go" FAST location or access the website at www.identogo.com and select **Option B – Fingerprint Cards**. Fingerprints cannot be transmitted to DPS electronically. The fee for this fingerprinting service is \$20.00, includes two fingerprint cards. Petitioner is required to submit only one (1) fingerprint card and all other required information to DPS by mail. *Additional fingerprint cards may be required if prints are rejected*

FEES: Under the authority of Chapter 411.088, Texas Government Code, DPS charges a \$15.00 fee and the FBI a \$13.25 fee for processing State and Federal background checks. A cashier's check, certified check, personal check or money order made payable to Texas DPS in the amount of \$28.25 must be attached to the fingerprint card, along with a copy of the court filed petition.

INFORMATION ON THE CARDS: All cards submitted to DPS by mail must include a complete set of legible fingerprints and the following information about the petitioner and court being petitioned:

Please be advised that extreme care should be taken in following the directions below to alleviate any delay in processing the request.

-Full Printed – must be your current legal name	-Sex
-Signature (Must match <u>Current Legal Name</u>)	-Date of Birth
-Date printed & signature of official	-Social Security Number
-Petitioner's/Attorney's Mailing Address (Residence of person Fingerprinted)	-Cause/Case Number (in the OCA field)
-Place of birth (POB)	-Race
-Driver License Number (in the MNU field)	-Court stamped copy of filed petition
-Reason Fingerprinted (Adult Legal Name Change - Family Code Section 45.001)	

A stamped copy of the filed petition MUST be attached to the fingerprint card and include the District Court number and Cause/Case number.

Please Note: The Texas Department of Public Safety will not re-send fingerprint results after 60 days from the date DPS processed the applicant's fingerprints.

WHERE TO SEND COMPLETED CARDS:

Mail completed fingerprint card and payment:
Texas Department of Public Safety
Central Cash Receiving
P. O. Box 15999
Austin, Texas 78761-5999

WHERE RESPONSES WILL BE SENT: Responses, other than rejects, will be sent from DPS directly to the court.

QUESTIONS: For questions, call the Criminal History Inquiry Unit at (512) 424-2474, Option 2.

CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): _____

COURT (FOR CLERK USE ONLY): _____

STYLED _____

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet:		Names of parties in case:	Person or entity completing sheet is:
Name:	Email:	Plaintiff(s)/Petitioner(s):	<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____
Address:	Telephone:	Defendant(s)/Respondent(s):	Additional Parties in Child Support Case:
City/State/Zip:	Fax:	Custodial Parent: _____	
Signature:	State Bar No:	Non-Custodial Parent: _____	
[Attach additional page as necessary to list all parties]			

2. Indicate case type, or identify the most important issue in the case (select only 1):

Civil		Family Law	
Contract	Injury or Damage	Real Property	Post-judgment Actions (non-Title IV-D)
<input type="checkbox"/> Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order
Employment	Other Civil	Related to Criminal Matters	Other Family Law
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____
Tax	Probate & Mental Health		
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____		

3. Indicate procedure or remedy, if applicable (may select more than 1):

<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover
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4. Indicate damages sought (do not select if it is a family law case):

<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000
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NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

Cause Number:

(The Clerk's office will fill in the Cause Number and Court Number when you file this form.)

Name Change of:

In the _____
Court Number

District Court County Court at Law

Print current full legal name of person asking for name change.

County,
Texas

Petition to Change the Name of an Adult

Print your answers.

1. Discovery Level

The discovery level in this case, if needed, is Level 1.

2. Petitioner

a. My current legal name is:

First _____ Middle _____ Last _____

b. I ask the Court to change my legal name to:

First _____ Middle _____ Last _____

c. The reason I want to change my name is:

Or I am not required to provide the reason I want to change my name, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality Program is attached to this Petition to Change the Name of an Adult.

3. Personal Information

My personal information is as follows:

a. Home address: _____
Street Address _____

City _____ County _____ State _____ ZIP code _____

Or I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality

Program is attached to this Petition to Change the Name of an Adult.

b. Social Security Number: _____ or I do not have a Social Security Number.

c. Date of birth: _____
Month Day Year

d. All drivers' license numbers issued to me during the last 10 years:

License number	State	License number	State
_____	_____	_____	_____
_____	_____	_____	_____

Or I have not had a driver's license during the last 10 years.

e. Place of birth: _____
City _____ County _____ State _____ Country _____

f. Sex listed on my birth certificate: Male Female

g. Race: _____

h. Name on birth certificate (only fill in if different from current legal name):

First _____ Middle _____ Last _____

i. Known by the following names and aliases: (Include prior names, nicknames, and aliases, especially if your arrest records reflect a different name than your current full legal name. Leave blank if no aliases or prior names)

4. Criminal History

a. Have you ever been charged with a Class A or B misdemeanor or a felony? Yes No
If yes – Write your FBI (Federal Bureau of Investigations) or SID (State Identification) number:

FBI Number _____ SID Number _____

List all Class A or B misdemeanors and felonies with which you have been charged, whether or not you were convicted. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

b. Have you ever been convicted of a felony? Yes No

If yes -- The court may order your name changed if you were pardoned or at least two years have passed since you received a certificate of discharge or completed court-ordered community supervision or juvenile probation, or if you are asking to change your name to the primary name used in your criminal history record. You must attach proof to this petition.

List all of your felony convictions here. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

c. Are you required to register as a sex offender? Yes No

If yes -- You must attach proof that you notified the appropriate local law enforcement authority of your proposed name change.

5. Request for Judgment

I believe this name change is in my interest or benefit and in the interest of the public.
I ask the Court to make an Order to change my name, and any other Orders I may be entitled to.

→ _____

Your Signature	Date		
Your Printed Name	Phone		
Mailing Address	City	State	Zip
Email Address:	Fax (if any)		

6. Verification

(Sign below. This statement must be true, because it is signed "under penalty of perjury," and it is a crime to make a false unsworn declaration under penalty of perjury in Texas. See Texas Penal Code 37.02.)

My current legal name is: _____

my date of birth is _____, and my address is: _____

Street _____ City _____ State _____ Country _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____.
County _____ State _____
on the _____ day of _____, _____.
Day _____ Month _____ Year _____

Declarant's Signature (sign here)

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

Cause Number:

Print court information exactly as it appears on Petition

Name Change of:

In the

Court Number

District Court

County Court at Law

Print current full legal name of person asking for name change.

County,
Texas

Order Changing the Name of an Adult

A hearing took place on: _____
Date of Hearing

1. Appearances

The Petitioner appeared in person without an attorney.

2. Jurisdiction.

The Court finds that it has jurisdiction over this case and the Petitioner.

3. Record.

A court reporter recorded today's hearing.
 A court reporter did not record today's hearing.

4. Findings

The Court finds that Petitioner's personal information is as follows:

a. Current legal name: _____
First _____ Middle _____ Last _____

b. Name on birth certificate (only fill in if different from current legal name): _____

First _____ Middle _____ Last _____

c. Known by the following names and aliases: (Leave blank if no aliases or prior names)

d. Home Address: _____
Street address _____ City _____ County _____ State _____ ZIP code _____

Or Petitioner is not required to provide their home address because they are a participant in the Office of the Attorney General's Address Confidentiality Program.

e. Social Security Number: _____

Or Petitioner does not have a Social Security Number.

f. All driver's license numbers issued to Petitioner during the last 10 years:

Driver's License Number	State that Issued License
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Or Petitioner has not had a driver's license during the last 10 years.

g. Date of birth: _____ (Month/Day/Year)

h. Place of birth: _____
City _____ County _____ State _____ Country _____

i. Petitioner is: (Check one.) Male Female

j. Petitioner's race is: _____

k. Petitioner: (Check one.)

does not have an FBI number or SID number.

has a Federal Bureau of Investigations (FBI) number, which is: _____

has a State Identification (SID) number, which is: _____

l. Petitioner: (Check one.)

has not been charged with a class A or B misdemeanor or felony.

has been charged with the following class A or B misdemeanors or felonies:

Offense (crime)	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court <input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

m. Petitioner: (Check one.)

has not been convicted of a felony.

has been convicted of a felony and has been pardoned.

has been convicted of a felony and at least two years have passed since Petitioner received a certificate of discharge or completed court-ordered community supervision or probation.

has been convicted of a felony and is changing their name to the primary name used in their criminal history record information.

n. Petitioner: (Check one.)

is not required to register as a sex offender.

is required to register as a sex offender and has submitted a Sex Offender Update Form to local law enforcement and provided proof to the Court of the submission.

o. The Petition to Change the Name of an Adult included a legible and complete copy of Petitioner's fingerprints.

p. Petitioner's change of name is in Petitioner's interest or benefit and is in the interest of the public.

5. Orders

The Court ORDERS that Petitioner's name is changed from:

Current name: _____

First

Middle

Last

to this name: _____

First

Middle

Last

(Check box if applicable.) The name on the Petitioner's birth certificate is _____. It is ordered the name on the

First _____ Middle _____ Last _____

Petitioner's birth certificate is changed to _____

First

Middle

Last

6. Confidential Order

(Only check this box if you are a participant in the Office of the Attorney General's Address Confidentiality Program.)

Petitioner has provided a copy of an authorization card certifying in accordance with Article 58.059 of the Texas Code of Criminal Procedure that Petitioner is a participant in the Address Confidentiality Program administered by the Office of the Attorney General. The Court therefore ORDERS that this Order Changing the Name of an Adult is confidential and may not be released by the court to any person, regardless of whether Petitioner continues to participate in the address confidentiality program following the change of name.

7. Other Orders

The Court has the right to make other orders, if needed, to clarify or enforce this order. Any orders requested that do not appear above are denied.

SIGNED ON: _____

Date

Judge's Signature

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

Cause Number: _____
Print court information exactly as it appears on Petition

Name Change of:

In the _____
Court Number

District Court County Court at Law

Print current full legal name of person asking for name
change.

County,
Texas

Declaration for Prove-Up of Adult Name Change

My name is _____. I am above the age of eighteen years, and I am fully competent to make this declaration. The facts stated in this declaration are within my personal knowledge and are true and correct.

My current legal name is: _____
First _____ Middle _____ Last _____

My home address is: _____
Street Address _____ City _____ County _____ State _____ Zip _____

My email address is: _____
Or

I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program. I attached a copy of my authorization card certifying that I am a participant in the Address Confidentiality Program to my Petition to Change the Name of an Adult.

My Social Security Number is: _____

Or

I do not have a Social Security Number.

Below, I have listed all driver's license numbers issued to me during the last 10 years:

Driver's License Number	State that Issued License
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Or

I have not had a driver's license during the last 10 years.

My date of birth is: _____
Month _____ Day _____ Year _____

My place of birth: _____
City _____ County _____ State _____ Country _____

My gender is: (Check one.) Male Female

My race is: _____.

My name on my birth certificate is: (Only fill in if different from current legal name.)

First	Middle	Last
_____	_____	_____

FM-NCA-112 – Declaration for Prove-Up of Adult Change of Name (Rev. 03-2024)
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I have also been known by the following names and aliases: (Include prior names, nicknames, and aliases, especially if your arrest records reflect a different name than your current full legal name. Leave blank if no aliases or prior names.)

I: (Check one.)

do not have FBI number or SID number.
 My FBI (Federal Bureau of Investigations) number is: _____
 My SID (State Identification) number is: _____

I: (Check one.)

have not been charged with a class A or B misdemeanor or felony.
 have been charged with the following class A or B misdemeanors or felonies:

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

I: (Check one.)

have not been convicted of a felony.
 have been convicted of a felony and have been pardoned.
 have been convicted of a felony and at least two years have passed since I received a certificate of discharge or completed court-ordered community supervision or probation.
 have been convicted of a felony and am changing my name to the primary name used in my criminal history record information.

I: (Check one.)

am not required to register as a sex offender.
 am required to register as a sex offender and have submitted a Sex Offender Update Form to local law enforcement and provided proof to the Court of the submission.

The Petition to Change the Name of an Adult included a legible and complete copy of my fingerprints.

Changing my name is in my interest or benefit and is in the interest of the public.

I am asking the court to change my name to: _____.

(Check box if applicable.) I am asking the court to change the name on my birth certificate to

First _____ Middle _____ Last _____

Verification (Sign below. This statement must be true, because it is signed "under penalty of perjury," and it is a crime to make a false unsworn declaration under penalty of perjury in Texas. See Texas Penal Code 37.02.)

My current legal name is _____, First _____, Middle _____, Last _____,

my date of birth is _____, and my address is _____
Month/Day/Year

Street Address _____ City _____ State _____ Country _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____.

County _____ State _____
on the _____ day of _____, Year _____
Day _____ Month _____ Year _____

Declarant's Signature (sign here)