

INSTRUCTIONS FOR LEGAL NAME CHANGE FOR A MINOR CHILD

These sample forms have been assembled for your convenience in preparing your own name change. This package is ONLY designed to cover a simple, uncontested name change. **If assistance in petitioning the court for a name change is necessary, you are ENCOURAGED to contact an attorney.** Our employees are PROHIBITED BY LAW from advising you regarding your legal situation or whether this package is appropriate for your situation.

THESE FORMS MUST BE EITHER TYPED OR NEATLY PRINTED IN BLACK INK

To change the name of a **child under 16 years of age**, a minor child's parent(s) or legal guardian may file an application to change the minor's name; however, **the name of a minor child may not be changed without the consent of both parents (if living)**. If you are unable to obtain the consent of an absent parent, you will need to consult competent legal counsel to help you with the name change. If consent is not an issue, you may proceed by:

1. Posting the NOTICE on the courthouse bulletin board for at least ten (10) calendar days. If the 10th day falls on a Saturday, Sunday, or legal holiday, you must allow the NOTICE to remain posted until 5:00 p.m. the following business day. Both parents will need to sign the notice. Before posting this NOTICE, you must have it date stamped by the clerk's office.
2. After the NOTICE has been posted for at least ten (10) calendar days, you may proceed with filing the Application for Minor Name change. Both parents will need to sign the application. You will need to bring the following information:

POSTED NOTICE FROM BULLETIN BOARD
APPLICATION FOR MINOR NAME CHANGE, signed by both parents. If one parent is
deceased, you will need to provide a certified death certificate
CERTIFIED COPY OF MINOR'S BIRTH CERTIFICATE issued within three (3) months of
petition with no pending amendments
VALID PHOTO IDENTIFICATION for each parent

Fees include \$120 filing fee and \$3 for each certified copy needed.

For Vital Records to make these amendments, you will need a \$15 money order payable to NC Vital records and complete the attached Application (http://vitalrecords.nc.gov/documents/Appl_BirthCert_GN_fill-in_20150504.pdf). If you request any of the additional options, your money order will need to cover those charges as well. Vital Records also requires photocopies of the petitioner's photo identification.

STATE OF NORTH CAROLINA

File No.

Harnett County

In The General Court Of Justice
Superior Court Division

Name Of Petitioner 1

Name Of Petitioner 2

Name Of Petitioner 3

SPECIAL PROCEEDINGS ACTION COVER SHEET

Rule 5(b) of the General Rules of Practice for the Superior and District Courts

VERSUS

Name And Address Of Attorney Or Party, If Not Represented
(complete for initial appearance or change of address)

Name Of Respondent 1

Summons Submitted Yes No

Name Of Respondent 2

Telephone No. Cellular Telephone No.

Summons Submitted Yes No

NC Attorney Bar No. Attorney Email Address

Name Of Respondent 3

Initial Appearance in Case Change of Address

Summons Submitted Yes No

Name Of Firm Fax No.

Counsel For
 All Petitioners All Respondents Only: (list party(ies) represented)

APPLICATION

(check appropriate box)

Add Additional Party (ADDP)

Adoption (ADOP)

Appointing Guardian Ad Litem (AGAL)

Attorney Fees (ATFE) No Motion Fee Assessed If Sole Claim

Boundary Settlement (BNDR)

Cartway (CART)

Change Of Venue (CHVN)

Compel (CMPL)

Condemnation - Private Condemnor/Mill (CNDM)

Continue (CNTN)

Costs (COST) No Motion Fee Assessed If Sole Claim

Decedent's Estate - Sell Land To Create Assets (PESE)

Decedent's Estate - Sell Personal Property (SLPS)

Determine Owner Surplus Funds (DOSF)

Dismiss (Involuntary) (DISM)

Drainage - Individual/Corporation (DRNG)

Drainage District - Establishment (DRDS)

Extension Of Time (EXTM)

Foreclosure (FORE)

Incompetency (INCM)

Interim Guardianship (INGU)

Land Registration - Torrens Act (TORR)

Legitimation (LGMT)

Lis Pendens (LISP)

Minor's/Incompetent Person's Estate - Sale/Lease/Mortgage (MIES)

Motor Vehicle Lien G.S. Chapter 44A (MVLN)

Name Change (NAME)

Partition (PART)

Petition To Sue As Indigent (OTHR)

Restoration To Competency (RTCO)

Sterilization (STRL)

To Determine Heirs (TDHE)

Transfer Of Title (TOTL)

Voluntary Dismissal (VOLD)

Year's Allowance - Spouse/Child (SSCA)

Other (specify and list each separately)

Date

Signature Of Attorney/Party

NOTE: All filings in special proceedings shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings the filing party must include either a Special Proceedings (AOC-SP-550), Motion (AOC-CV-752), or Court Action (AOC-CV-753) cover sheet.

(Over)

No.	<input type="checkbox"/> Additional Petitioner(s)

No.	<input type="checkbox"/> Additional Respondent(s)	Summons Submitted
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
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STATE OF NORTH CAROLINA
COUNTY OF HARNETT

IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
Before the Clerk of Superior Court

IN RE: CHANGE OF NAME)
))
FROM: _____)
 (*Minor's current name*))
))
TO: _____)
 (*Minor's desired name*))

NOTICE

NOW COME the undersigned, _____ and _____, resident(s) of _____ County, residing at _____

_____ who is/are the natural parents of _____, the above named minor, and hereby give notice of his/her intention to file in the Office of the Clerk of Superior Court of _____ County, North Carolina, ten (10) days after the date of this notice, a Petition that the Court issue an Order changing the minor child's name from _____ (*Minor's current name*) to _____ (*Minor's desired name*).

This the _____ day of _____, 20_____.

Petitioner (1)

Address: _____

Petitioner (2)

Address: _____

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

SUPERIOR COURT DIVISION

Before the Clerk of Superior Court

COUNTY OF HARNETT

IN RE: CHANGE OF NAME)

FROM: _____)

(Minor's current name)

TO: _____)

(Minor's desired name)

PETITION FOR LEGAL NAME CHANGE
OF A MINOR

NOW COME the undersigned, _____ and _____, and respectfully petition the Court for an Order to be issued changing the name of the above-named Minor and, to that end, do hereby state and show unto the Court:

1. That the Petitioner(s) are resident(s) of _____ County, North Carolina; and is/are the natural parents of _____, the above-named Minor. Petitioner(s) reside at _____, _____, NC, _____ and can be contacted at () - _____ or () - _____.

2. That the name of said Minor as shown on his/her birth certificate is _____.

3. That the above named minor was born on _____ in _____ County, State of _____, and the name(s) of his/her parent(s) as shown on his/her birth certificate are:

FATHER: _____

MOTHER: _____

4. A valid certified copy of the birth certificate is attached as an exhibit and there are no pending amendments to the minor's birth certificate.

5. That the Petitioner(s) desire to change their child's name for the following reason:

6. That the name of the above-named Minor has not previously been changed by law.

7. That the above named Minor is **under 18 years of age** and IS (if over 16) /IS NOT (if under 16) required to provide proof of good character as provided by N.C. Gen. Stat. §101-4

WHEREFORE, the Petitioner(s) respectfully pray the Court enter an Order changing the name of from _____ to _____.

I/we, the Petitioner(s), being first duly sworn, hereby state that I/we have read the foregoing Petition and that the facts set forth therein are true to the best of my/our knowledge and belief.

This the _____ day of _____, _____.

Mother's Signature

Father's Signature

Subscribed and sworn before me this
the _____ day of _____, _____

Subscribed and sworn before me this
the _____ day of _____, _____

Notary Public

Notary Public

My Commission Expires:

My Commission Expires:

Order Certificate

A certificate search costs \$24 and includes one copy if the certificate is located. The search covers a three year period. Requests are processed in the order received and can take up to five weeks plus the mail delivery time. The search fee is required to process a request and is non-refundable even if a record cannot be located.

Record Changes

Complete this section only if you are making a request to change information on the birth certificate. The \$15 processing fee to review your request is non-refundable. In-person assistance for this service is by appointment only. Please call (919) 792-5986 to schedule an appointment. If your request involves more than one birth record, the \$15 processing fee applies to each individual's birth record that requires change(s).

Faster Service

To receive expedited service you **MUST** write "Expedite" on the outside of the envelope. Expedited requests will be processed within 10 business days. This does not include the additional day(s) for shipping. This is a non-refundable fee.

Identification Requirement

Due to identity theft and other fraudulent use of vital records, **ID of the person requesting a certificate is REQUIRED. Requests that do not include ID will be returned. You MUST include a legible photocopy of one of the photo IDs listed below with your request:**

- Current state-issued driver's license (address must match requestor's address on application)
- Current state-issued non-driver photo ID card (address must match requestor's address on application)
- Current Passport or Visa (must include photo)
- Current U.S. military ID
- Current Department of Corrections photo ID card dated within the last year
- Current state or U.S. government agency photo ID card (for persons requesting certificates as part of that agency's business)
- Current student ID card with copy of transcript

If you do not have one of the IDs listed above, you must provide legible photocopies of TWO of the following (must be two DIFFERENT forms of ID):

- Temporary driver's license
- Current utility bill with current address
- Car registration or title with current address
- Bank statement with current address
- Pay stub with current address
- Income tax return/W-2 form showing current address
- Letter from government agency dated within the last six months and showing current address
- State-issued concealed weapon permit showing current address

If you are unable to meet our ID requirements, a family member or other person who is entitled to obtain the certificate, and who can meet the ID requirements, may request it.

A list of persons entitled to obtain certificates is located on our website at

<http://vitalrecords.nc.gov/faqs.htm>.

North Carolina Department of Health and Human Services

Division of Public Health • N.C. Vital Records

http://vitalrecords.nc.gov

Telephone: 919-733-3000

Mail: 1903 Mail Service Center
Raleigh, NC 27699-1903

Location: 225 North McDowell St.
Raleigh, NC 27603-1382

PLEASE PRINT

Application for a Copy of a North Carolina Birth Certificate

Certificate Information

Full Name on Certificate

(If adopted, provide new information)

First Name

Middle Name

Last Name

Date of Birth

Month

Day

Year

Sex Male Female

Were parents married at time of

birth? Yes No

Place of Birth

City

County

Is this person deceased? Yes No

Full Name of Parent

(Adoptive parent, if applies)

First Name

Middle Name

Last Name

Last Name (before any marriage, if different)

Full Name of Parent

(Adoptive parent, if applies)

First Name

Middle Name

Last Name

Last Name (before any marriage, if different)

Check all boxes that apply; add the fees in 1-3
and place the total amount in #4.
See further instructions on Page 2.

Your Relationship to the Person Whose Certificate is Requested:
(Check one)

1. Order Certificate

Processing times vary.

Check website for current information.

(Non-refundable fee)

Certificate Search and First Copy (\$24) \$ _____

_____ additional copies x \$15 \$ _____

Certified (Legally suitable for any purpose)

Uncertified (Suitable for research purposes)

Self

Spouse (Current)

Brother/Sister

Child

Parent/Step-Parent

Grandparent

Authorized agent, attorney or legal representative
of the person listed (**Proof REQUIRED**)

Other (may not be entitled to a certified copy)
Specify _____

How do you plan to use this record?

(Please Print)

Requestor: _____

Print Name of Person Requesting a Certificate

Address: _____

Street Address (P.O. Box cannot be used for expedited shipping)

P.O. Box (If mailing to a P.O. Box, street address must also be listed above)

City, State, Zip Code _____

(Area Code) Telephone Number (During business hours) _____

Email Address: _____

Payment: Please pay with a cashier's check or money order made payable to N.C. Vital Records. Personal checks are not accepted. Requests that are submitted with no payment, or incomplete payment or incomplete information will be returned. Credit card payment is available for walk-in customers.

ID OF THE PERSON REQUESTING A CERTIFICATE IS REQUIRED:

See Page 2 for a list of acceptable IDs. Requests that do not include proper identification will be returned.

2. Record Changes (Only if applies)

Appointment required for in-person services.

(\$15 non-refundable processing fee)

Adoption \$ _____

Amendment \$ _____

Name Change \$ _____

Legitimation Court Order \$ _____

Legitimation (mother married father
after child's birth) \$ _____

Paternity (no fee) \$ 00.00

Other \$ _____

3. Faster Service (Choose only one)

Optional for mail-in requests

(\$15 non-refundable expedite fee)

Walk-in Service (\$15) \$ _____

Expedited Processing (\$15) \$ _____

(Shipped by regular mail)

Expedited Processing and
Expedited Shipping (\$35) \$ _____

(Call for expedited shipping fees outside the continental United States)

4. Total Fees

(Add 1+2+3 above for total) \$ _____

CUSTOMER MUST COMPLETE

I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of N.C. Law (G.S. 130A-26A) to make a false statement on this application or to unlawfully obtain a copy or a certified copy of a birth certificate.

Signature of Person Requesting a Certificate _____

Date _____

Office Use Only: SFN _____ DCN _____ Cartridge/Frame _____

Amount received: \$ _____ Identification presented _____

Request number _____ Request date _____