

**CHANGE OF NAME**RIGL 33-22-28**STATE OF RHODE ISLAND**

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Current
Name _____Street
Address _____

City/Town _____

State _____

Zip
Code _____Phone
Number _____Mailing Address
(If different) _____

City/Town _____

State _____

Zip
Code _____Phone
Number _____Name on Original
Birth Record _____

Date of Birth _____

Place of Birth _____

Mother's
Maiden Name _____Father's
Name _____Petitioner's
Occupation _____Petitioner's
Marital Status
(optional) _____The Petitioner has previously changed their name by Court Order: ☐ Yes ☐ No
(if yes, attach copy)

The Petitioner resided at the following addresses:

Reason for Name Change (be specific): _____

Petitioner Requests a Name Change to: _____

If applicable, the name on the birth record should be changed to: _____

The undersigned Petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.

Name of
Petitioner

Relationship of
Petitioner

Signature of
Petitioner

PETITIONER SIGN HERE

Date

Notary:

Name of
Notary

State

County

On _____ day of _____, 20____ the petitioner, known to me or proved through satisfactory evidence, signed the document in my presence and swore or affirmed the statement(s) in the documents is/are truthful and accurate.

Signature of Notary Public

Date

NOTARY SIGN HERE

Commission ID#

Commission Expiration Date

Notary Seal

DECREE

Upon hearing thereon, the petitioner's request for change of name to _____ and, if applicable, the name on the birth record shall be changed to _____ are hereby granted this _____, day of _____ 20____.

Probate Judge

Date

Signature of
Probate Judge

PROBATE JUDGE SIGN HERE

Attach certified copy of the original birth certificate and BCI report.