Your Name:		
Address:		
City, State, Zip:		
Phone:		
Email: Self-Represented Petitioner		
DISTRIC	COURT _ COUNTY, NEVADA	
In the Matter of the Application of:		
	CASE NO.:	
(print the old name you do not want anymore) For Change of Name.	DEPT:	
ORDER FOR CH	ANGE OF NAME	
This Order was submitted (⊠ check one)	\square after a hearing \square without a hearing before	
the above-entitled court, and after a review of the	pleadings and papers on file and the testimony	
given, if any, and good cause appearing therefore	:	
IT IS ORDERED that the name of th	e Petitioner, who was born on (date of birth)	
in (city)	(state)	
be legally changed from		
(old)		
	ldle) (last)	
to (new)		
(first) (mid	ldle) (last)	
IT IS FURTHER ORDERED that the C	lerk transmit a certified copy of this order to the	
State Registrar of Vital Statistics. A new birth co		
issued reflecting the name change above.		

(the judge may check this box if applicat	$ble) \square$ IT IS FURTHER ORDERED that (if the
box is checked) the Clerk transmit a certified	copy of this order to the Central Repository for
Nevada Records of Criminal History for inclusion	on in the Petitioner's record of criminal history.
DATED this (day) day of (month)	20
DITIED this (day) day of (month)	
	DISTRICT COURT JUDGE
Submitted By: (your signature)	
(print your name)	