Form CAFC401 – Petition for Change of Name
(For Adult Individual)

I am a resident of the following county in the State of Missouri:

In the Circuit Court of
MISSOURI

If this is an amended petition, what is the case number of the pending case?

Case Number

Division Number

Answer all questions on this form completely.

Your Information

1. My current full legal name is: *(You are the "Petitioner" in this case.)*

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. I want to change my name to:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

3. ☐ This is the first petition I have filed in this case. (Original Petition)
   ☐ This is the second petition I have filed in this case.

4. My mailing address is:

   _____
   (Street)

   _____ _____ _____
   (City) *(State)* *(Zip)*

   _____ _____
   (Telephone Number) *(E-Mail Address)*

5. My mother's full maiden name is:

   _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)*

6. My father's full name is:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

7. My husband's or wife's full name is:

   _____ _____ _____ _____
   (First Name) *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

8. My birth date is: *(mm/dd/yyyy)* _____

9. My place of birth is: *(City)* _____*(State)*_____

10. The change of my name would not be detrimental to any other person.

Residence Information

11. I reside in the Country of _____.

12. I reside in the State of _____.

13. I reside in the County of _____.

Children's Information

14. I have _____ child(ren) who is/are listed below.

a. _____ Age: _____
(Child's full name as it appears on the birth certificate) *(Child's Age)*

b. _____ Age: _____
(Child's full name as it appears on the birth certificate) *(Child's Age)*

c. _____ Age: _____
(Child's full name as it appears on the birth certificate) *(Child's Age)*

d. _____ Age: _____
(Child's full name as it appears on the birth certificate) *(Child's Age)*

e. _____ Age: _____
(Child's full name as it appears on the birth certificate) *(Child's Age)*

f. _____ Age: _____
(Child's full name as it appears on the birth certificate) *(Child's Age)*

15. The place of the residence of the child(ren) is/are: *(State the address(es) of the children)*

_____

_____

Information about Previous Names

16. *Check one of the two boxes.*
☐ My name has never been changed.
☐ My name has previously been changed as follows: *(State when and where and by what court)*

_____

_____

Additional Information

17. *Check all boxes that apply.*
☐ I am the victim of a crime based upon domestic violence as defined in §455.200, RSMo.
☐ I am the victim of a child abuse as defined in §210.110, RSMo.
☐ I am the victim of abuse by a family or household member as defined in §455.010, RSMo.

Information about Judgments and Cases against Me

18. *Check one of the two boxes.*
☐ There are no unsatisfied money judgments against me.
☐ There are unsatisfied money judgments against me in the following cases:
(State the style of the case in which the judgment was entered and the court in which the judgment was entered.)

_____

_____

19. *Check one of the two boxes.*
☐ There are no cases pending against me requesting money.
☐ The following cases are pending against me in which money is requested:
(State the style of the case and the court in which it is pending)

_____

_____

Request for Relief

THEREFORE, I want the court to change my name from the name stated in Paragraph 1 above to the name stated in Paragraph 2 above.

Petitioner, being of lawful age and duly sworn on his or her oath, states that he or she is the petitioner named above and that the facts stated in this Petition for Change of Name are true according to his or her best knowledge and belief.

► _____ _____
SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to this _____ day of _____, 20____.

_____
Notary Public

My Commission Expires:

_____

Sign this in front of a Notary Public

This should only be completed if a lawyer helped you with this form

ATTORNEY INFORMATION *(To be completed by your attorney)*

_____ _____
Attorney – SIGN HERE *Missouri Bar Number*

_____
Attorney for Movant – PRINT YOUR NAME HERE

_____
(Street)

_____ _____ _____
(City) *(State)* *(Zip)*

_____ _____ _____
(Telephone Number) *(Fax Number)* *(Email Address)*

Do not enter any information here if you are filing this case without the assistance of a lawyer.
This information should be completed by your attorney.

☐ *I have assisted Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.*