

# FLORIDA'S NAME CHANGE KIT:

A GUIDE FOR TRANSGENDER INDIVIDUALS  
SEEKING TO AMEND THEIR IDENTITY  
DOCUMENTS TO CONFORM TO THEIR NEW  
LEGAL NAME AND GENDER DESIGNATION

**PUBLISHED BY**  
THE NATIONAL CENTER FOR LESBIAN RIGHTS  
&  
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## **PREFACE**

This publication is produced by the National Center for Lesbian Rights and Equality Florida's Legal Advocacy Project. It contains information to guide transgender individuals in Florida through the process of changing one's name and obtaining a new birth certificate, driver's license and other name identity documents. This process does not *require* the use of an attorney, although one may be helpful. This publication does not constitute legal advice and the information contained in this publication may not completely fill your individual needs. Only an attorney can give you legal advice after discussing your particular situation with you.

The National Center for Lesbian Rights (NCLR) is a national feminist law firm committed to advancing the rights and safety of lesbians and their families, as well as the related rights of gay men, bisexual and transgender individuals, through a program of litigation, public policy advocacy, free legal advice and counseling, and public education.

Equality Florida is a statewide social justice organization committed to ending discrimination based on sexual orientation, race, class and gender.

## **ACKNOWLEDGEMENTS**

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## **INTRODUCTION**

### **Why get a legal name change?**

It may be necessary for a transgender person to get a court ordered name change for a number of reasons. Presenting official identification such as a birth certificate, driver's license, social security card or school identification card with a name and picture inconsistent with a person's current gender identity may create difficult situations on a regular basis. Essentially, presenting this identification immediately "outs" an individual as transgender, which could result in harassment, embarrassment, and even violence. It may also create problems when traveling, applying for jobs or registering for classes at school. A court ordered name change can help alleviate some of these problems.

### **Do I need an attorney?**

An attorney is not necessary to obtain a legal name change. This is a process you can do yourself. However, every situation is different, so if you have questions or concerns about these forms or your legal rights, we strongly recommend that you talk to an attorney. If you would like a referral to an attorney in your area who can assist you in this process, please call NCLR and Equality Florida's Legal Advocacy Project toll-free at (866) 873-2357 .

### **What if I am a minor?**

If you are under the age of eighteen, you must complete a different set of forms specifically created for minors who wish to change their name. These forms are included in Appendix J. If you are under 18, you must have your parent or legal guardian's permission in order to petition for a legal name change.

### **How much will it cost?**

The cost of a legal name change will vary from county to county. As of December, 2002, the filing fee in Hillsborough County was \$205.00. You must file a name change petition in the county in which you live. Call the Clerk of the Court for your county to find out the exact cost and what forms of payment are accepted. A phone and address list for the Clerk of the Court in each Florida county is included in Appendix A. There may be additional fees to change your identity documents such as your birth certificate, driver's license, etc.

### **How long will it take?**

This will vary from county to county. Generally, it takes two to three months for the entire process, depending on how busy the judge's schedule is.

## **WHAT IS THE PROCESS?**

### **Filing your case and setting your hearing date**

In some states, a person can change their name through what is known as “common usage” – by simply using the new name for a specified period of time. However, Florida is NOT a state that recognizes common usage name changes.

In order to legally change your name in Florida, you must file a case with the Circuit Court for the county in which you live. Contact the Clerk of Court for your county (Clerk of Court phone and address list included in Appendix A) to find out where you need to file your name change case. In most counties, you will file your case at the Clerk of Court’s office, which is usually located in the county courthouse or a branch of the county courthouse.

### **The petition**

A case begins by filing a petition with the court. A petition is a written request to the court to take some type of legal action (such as legally changing your name). The person who originally asks the court to take legal action is called the petitioner; you are the petitioner in your name change case.

To begin the process, print out the sample name change petition included in Appendix B. You must complete the petition, filling in all of the blank spaces typing or writing in black ink.

At the top of the petition (in the heading), the form requires you to list the name of the petitioner. You should list your current legal name, not the new name you wish the court to accept, because at this stage your name change has not yet been granted. In the heading you must also list the judicial circuit, division and case number. The Clerk of Court’s office can tell you which judicial circuit and division your case will be filed in. Your case number will be assigned when you file your case.

When you have completely filled out the petition (with everything except the case number), you must sign the petition in the presence of a notary public. If you do not know anyone who is a notary public, most banks have someone who can notarize documents for a small fee. After the petition has been notarized, you are almost ready to file the petition with the Clerk of the Court in the county where you live.

### **Civil cover sheet**

When you file your petition, you must include what’s called a Civil Cover Sheet. A sample Civil Cover Sheet is included in Appendix C. In the heading of the Civil Cover Sheet, type or write the name of the court (Circuit Court in and for \_\_\_\_ County in the \_\_\_\_ Judicial Circuit), the division and the Case No. (the Clerk of Court can assist you with this), and the petitioner’s name (your current legal name). At the bottom of the form you must list the date you file your petition and sign the form where indicated, listing your address and phone number also.

### **Assistance from nonlawyer**

If anyone other than a lawyer licensed to practice law in Florida helps you fill out any of your name change forms, the ‘nonlawyer’ must also fill out a ‘Disclosure from Nonlawyer’ form, which is included in Appendix D. Nonlawyers include not only friends and relatives, but also paralegals,

legal assistants and attorneys who are not currently licensed to practice law in the State of Florida. Both you and the nonlawyer must sign the disclosure form. The nonlawyer must also put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete. You must file the Disclosure from Nonlawyer form along with your petition for name change.

### **Filing fee**

When you file your petition, Civil Cover sheet (and if applicable, Disclosure from Non-lawyer form) with the Clerk of Court, you will be required to pay a filing fee. The filing fee varies from county to county; for example, as of June 2002, the filing fee in Hillsborough County was \$205. Contact the Clerk of Court to find out what the filing fee is in your county. Once you have completed this step, a case number will be assigned and an official court file will be opened. You have now filed your name change case.

### **Set hearing date**

After you file your case, you must set a hearing date for the court to consider your petition. The procedures for setting a hearing date vary from county to county, so you should ask the Clerk or Court about the procedure in your area. Depending on the judge, you may or may not be required to attend a final hearing, where the judge may ask you basic questions about your petition for name change to ensure that you are not attempting to change your name for illegal or fraudulent purpose, such as to avoid creditors or to hide from law enforcement authorities. In general, you may change your name for any purpose that is not a fraudulent purpose. It is not a fraudulent purpose to change your name to one that is more compatible with your gender identity or expression.

### **Final judgment**

Appendix E contains a 'Final Judgment of Change of Name (Adult)' form, which the judge may use to finalize your name change. Check with the Clerk of Court to see if your judge prefers for you to bring a final judgment form with you. If so, you should type or print the heading, including the circuit, county, case number, division, and your current legal name (not the new name you are asking the court to accept). Leave the rest of the form blank for the judge to complete. If the judge grants your petition, he or she will sign the Final Judgment form, which is also called a final order. This officially changes your name.

### **Certified copies of final order**

For a small fee, the Clerk of the Court can provide you with certified copies of the signed final order. The amount of the fee may vary from county to county. It may be helpful to compile a list of all of the people and/or places that will need a certified copy of your final judgment. This list may include the driver's license office, social security office, banks, schools, etc. Making a list may help you figure out how many copies you will need and may save you time and another trip to the courthouse to get extra copies later.

### **Paperwork**

You should keep a copy of all paperwork you file with the court as well as all of the documents the court and the clerk's office provide to you.

## **CHANGING OTHER IDENTITY DOCUMENTATION TO REFLECT CHANGES**

After the court grants your petition for name change, you will probably want to apply to change your other identity documents to reflect your new name. In order to change these other documents, you will most likely need a certified copy of your final judgment of name change.

### **Florida Driver's License or Identification Card**

You are required by Florida law to obtain a replacement driver's license or Florida ID card showing your new name within 10 days of legally changing your name.

#### **To amend name on driver's license or state ID card/where to apply**

Getting a replacement driver's license or identification card is very simple. Go to your local driver's license office and provide a certified copy of your Final Judgment of Name Change and pay the required fee and they will issue a new driver's license or id card.

#### **To amend gender marker on driver's license or state ID card**

In Florida, the Department of Motor Vehicles will not change the gender marker on your driver's license unless you have completed sex reassignment surgery.

To change the gender marker on your driver's license, you must provide either a certified copy of your amended birth certificate, or a letter or affidavit from your attending physician certifying that you have completed sex reassignment surgery and that you are now the reassigned gender (sample physician's affidavit attached in Appendix F).

**Amendment fees**

The Department of Motor Vehicles charges a \$10 fee to amend a driver's license.

Additional information may be obtained at [www.hsmv.state.fl.us](http://www.hsmv.state.fl.us)

**Social Security Card**

After you have received your legal name change, you may apply to change your name on your social security card.

The Social Security Administration will issue a new social security card with your new name, but will NOT issue you a new social security number; they will merely amend your card to reflect your new name. Therefore, employers and others who conduct a search using your social security number may locate documents that reflect your prior name.

**To amend name on social security card**

To change your social security card to reflect your new legal name, you must complete Form SS-5, which is included in Appendix G. You must also provide at least one identity document that identifies you by your old name and your new name, such as a certified copy of your Final Judgment of Name Change, or two identity documents: one in your old name and one in your new name.

The Social Security Administration will accept the following documents as proof of identity: driver's license, marriage or divorce record, military records, employer ID card, adoption record, life insurance policy, passport, health insurance card (not Medicare), or a school ID card. They do NOT accept birth certificates. All documents must be either originals or certified copies. The social security office will NOT accept photocopies of documents, even if notarized.

**To amend gender marker on social security card**

To change your social security records to reflect your reassigned gender, you must provide the identity documentation described above plus medical records or other combination of documents showing that you have completed sex reassignment surgery.

**Amendment fees**

There is no fee to change your name or gender marker with the Social Security Administration. If you were born outside of the U.S., you may also be required to show proof of U.S. citizenship or lawful alien status before they will grant the new social security card.

## **Where to apply**

You may mail your application to the social security office or bring your application and supporting documents to your local Social Security office. Your documents will be returned to you. You can find a social security office near you by looking in the phone book or online at <http://www.ssa.gov/locator/>.

You should receive your new social security card within two weeks. If you do not receive your card within two weeks, you should contact the Social Security office where you filed the application.

## **Birth Certificates**

Birth certificate records are kept by the state in which you were born. For specific information about how to amend your birth certificate to reflect your name change if you were born in a state other than Florida, contact the Department of Vital Records or equivalent agency in the state in which you were born, or go to [www.drbecky.com/birthcert.html](http://www.drbecky.com/birthcert.html) for a state by state listing of the requirements to amend a birth certificate.

### **To amend name on Florida birth certificate**

If you were born in Florida, you may amend your birth certificate to reflect your new legal name. *If your legal name change was granted by a Florida court*, the Clerk of Court will forward a report of legal change of name to the Florida Department of Health, Office of Vital Statistics, usually within 30 days. The name change order will then be attached to your original birth certificate. If you wish to receive a copy of your amended birth certificate, you must complete an Application for Amended Birth Certificate (sample forms included in Appendix F) and pay the \$20 amendment fee. For more information, contact the Department of Vital Statistics at 904/359-6900.

*If your legal name change was completed in a state other than Florida*, in most instances you will be able to amend your Florida birth certificate to reflect your new name by providing the Department of Vital Statistics a copy of your name change petition and certified copy of the Order granting your name change. Contact the Department of Vital Statistics at 904/359-6900 for more information about how to amend your birth certificate if your name change was completed somewhere other than Florida.

### **To amend gender marker on Florida birth certificate**

If you were born in Florida and have had sex reassignment surgery, you may also amend the gender marker on your birth certificate to reflect your reassigned gender. To amend your Florida birth certificate, you must contact the Florida Department of Health, Office of Vital Statistics at 904/359-6900 to request an Application for Amended Birth Certificate and an Affidavit of Amendment to Certificate of Live Birth (form DH430). To complete your application, you must provide the Department with the following original documents (photo copies are not accepted):

- A completed Application for Amended Birth Certificate.
- A notarized Affidavit of Amendment to Certificate of Live Birth, form DH430. You must complete this form and then sign it in front of a notary public.
- A certified copy of the court order granting your name change under Florida law or a substantially similar law from another state.

- A sworn affidavit from the physician who performed your sex reassignment surgery. The physician must include his/her medical license number in the affidavit. The physician's affidavit must state that you have completed sex reassignment in accordance with appropriate medical procedures and that you are now considered to be a member of the reassigned gender. The medical records must be signed by the physician who performed the sex reassignment surgery. A sample physician's affidavit is included in Appendix F.
- You must pay the required amendment fee and the gender marker on your birth certificate will be amended to reflect your reassigned gender in accordance with Florida law.

### **Amendment fees**

A non-refundable \$20.00 amendment fee is currently required to amend your birth certificate and includes one certified copy of your amended birth certificate. You must pay by check or money order made payable to Vital Statistics.

If you are changing both your name and your gender on the birth certificate, a separate \$20 fee is required for each change -- \$20 for the name change and \$20 to change the gender marker.

For additional assistance, call the Office of Vital Statistics at 904/359-6900 ext. 1055 or e-mail the office at [VitalStats@doh.state.fl.us](mailto:VitalStats@doh.state.fl.us).

### **Where to apply**

You should mail your completed Application for Amended Birth Certificate, along with all supporting documentation and fees, to: Department of Health, Office of Vital Statistics, P.O. Box 210, Jacksonville, FL 32231-0042.

### **What amended birth certificate will look like**

Your amended birth certificate will state that it is an amended birth certificate and will note the date the change occurred, but will not indicate what items were changed or why they were changed. In Florida, birth records are not freely accessible by the general public. Such information will remain private unless subpoenaed by a court or unless requested by you or your parent or legal guardian.

## **Passport**

If you have a U.S. passport and would like *to amend your existing passport to reflect your new name* and/or reassigned gender, you must fill out and submit the Passport Amendment/Validation Application, also called form DS-19, located in Appendix H.

### **To amend name on passport**

You must submit a completed form DS-19 along with a certified copy of your Final Judgment of Change of Name and your current valid passport. Photocopies and notarized copies are NOT acceptable. Your amended passport and any documentary evidence will be returned to you via first class U.S. mail after the process is completed.

### **To amend gender marker on passport**

To change the gender marker on your passport, you must submit a completed form DS-19 form, including the "Other Action Requested" section. You should state that you have completed sex

reassignment and wish to have the gender marker on your passport changed from male to female or female to male. You must also attach a letter or affidavit from your doctor indicating that you have undergone sex reassignment in accordance with the appropriate medical protocol and that you are medically the reassigned gender. (See Appendix F for a Sample Physician's Affidavit)

### **Amendment fees**

There is no fee to amend your passport **unless** you require expedited service. The expedited service fee is \$35.00. More information on expedited service can be found on the instruction page following form DS-19 in Appendix H.

### **Where to apply**

You may amend your passport at your local passport office or mail the required documents to the following address:

Charleston Passport Center  
Attention: Amendments  
1269 Holland Street  
Charleston, SC 29405

## **Selective Service**

### **If designated female at birth**

If you were designated female at birth and have had sex reassignment surgery, you do not need to register with the Selective Service. However, if you are applying for federal benefits that require proof of Selective Service registration (including educational loans), you will need to show that you were never required to register. People designated female at birth are never required to register. You can prove this by requesting a "Status Information" letter from the Selective Service System ('Request for Status Information Letter' form attached in Appendix J). You must explain in detail why you believe you were not required to register for the selective service (you were designated female at birth, were diagnosed with Gender Identity Disorder [OR] an intersexed condition and have now completed sex reassignment). You should also include supporting documentation, such as a letter of affidavit from your treating physician (sample physician's affidavit included in appendix F) and a copy of your original birth certificate (with female gender marker).

Complete the 'Request for Status Information Letter' form and submit it along with all supporting documentation to:

Selective Service System  
P.O. Box 94638  
Paletine, IL 60094-4638

### **If designated male at birth**

If you were designated male at birth, even if you had sex reassignment surgery, you must register with the Selective Service. However, in the event the draft is resumed, you can file a claim for exemption from military service if you receive an order for an examination or induction. Additional information can be obtained at the Selective Service System's website at: [www.sss.gov](http://www.sss.gov).

## APPENDIX A – Florida Clerk of Court’s Offices

### Alachua County

201 E. University Ave.  
Gainesville, FL 32602  
Ph: 352/374-3636  
Fax: 352/338-3201  
E-mail: [clerk@co.alachua.fl.us](mailto:clerk@co.alachua.fl.us)

### Baker County

339 E. Macclenny Ave. P.O. Box 2269  
Macclenny, FL 32063  
Ph: 904/259-8113  
Fax: 904/259-4176

### Bay County

Panama City, FL 32402  
Ph: 850/747-5100  
Fax: 850/747-5188  
E-mail: [tammyhof@yahoo.com](mailto:tammyhof@yahoo.com)

### Bradford County

945 N. Temple Ave.  
Starke, FL 32091  
Ph: 904/966-6280  
Fax: 904/966-6256

### Brevard County

400 South Street  
Titusville, FL 32781  
Ph: 321/264-6942  
Fax: 321/264-6940  
E-mail: [scott.ellis@clerk.co.brevard.fl.us](mailto:scott.ellis@clerk.co.brevard.fl.us)

### Broward County

201 S.E. 6<sup>th</sup> Street  
Ft. Lauderdale, FL 33301  
Ph: 954/831-5797  
Fax: 954/831-7047

### Calhoun County

425 E. Central Ave., Rm 130 P.O. Box 1687  
Blountstown, FL 32424  
Ph: 850/674-4545  
Fax: 850/674-5553

### Charlotte County

Punta Gorda, FL 33951  
Ph: 941/637-2329  
Fax: 941/505-4749  
E-mail: [Barbara.scott@co.charlotte.fl.us](mailto:Barbara.scott@co.charlotte.fl.us)

### Citrus County

110 N. Apopka Ave.  
Inverness, FL 34450  
Ph: 352/637-9466  
Fax: 352/637-9491

### Clay County

P.O. Box 698  
Green Cove Springs, FL 32043  
Ph: 904/284-6317  
Fax: 904/284-6390

### Collier County

P.O. Box 413044  
Naples, FL 34101  
Ph: 941/732-2745  
Fax: 941/775-2755  
E-mail: [collierclerk@clerk.collier.fl.us](mailto:collierclerk@clerk.collier.fl.us)

### Columbia County

145 N. Hernando Street  
Lake City, FL 32055  
Ph: 386/758-1342  
Fax: 386/758-1337

### Dade County

73 W. Flagler Street, Ste. 242115 E. Oak Street  
Miami, FL 33130  
Ph: 305/375-3333  
Fax: 305/375-2485  
E-mail: [clerk@co.miami-dade.fl.us](mailto:clerk@co.miami-dade.fl.us)

### DeSoto County

115 E. Oak Street  
Arcadia, FL 34265  
Ph: 941/993-4876  
Fax: 941/493-4669  
E-mail: [desotoclerk@yahoo.com](mailto:desotoclerk@yahoo.com)

### Dixie County

P.O. Box 1206  
Cross City, FL 32628  
Ph: 352/498-1200  
Fax: 352/498-1201

### Duval County

330 E. Bay Street  
Jacksonville, FL 32202

### Escambia County

M.C. Blanchard Judicial Bldg. P.O. Box 787  
190 Governmental Ctr., Rm. 23001 Bunnell, FL 32110

### Flagler County

Ph: 904/630-2028  
Fax: 904/630-2950

Pensacola, FL 32501  
Ph: 850/595-4310  
Fax: 850/595-4316

Ph: 386/437-7410  
Fax: 386/437-7406

### **Franklin County**

33 Market Street  
Apalachicola, FL 32329  
Ph: 850/653-8861  
Fax: 850/653-2261

### **Gadsden County**

10 E. Jefferson Street  
Quincy, FL 32351  
Ph: 850/875-8601  
Fax: 850/875-8612

### **Gilchrist County**

112 S. Main Street  
Trenton, FL 32693  
Ph: 352/463-3170  
Fax: 352/463-3166

### **Glades County**

P.O. Box 10  
Moore Haven, FL 33471  
Ph:  
Fax:

### **Gulf County**

1000 Cecil G. Costin Sr. Blvd., 207 N.E. First Street  
Rm 148  
Port St. Joe, FL 32456  
Ph: 904/792-1288  
Fax: 850/229-6174

### **Hamilton County**

Jasper, FL 32202  
Ph: 850/229-6113  
Fax: 904/792-3524

### **Hardee County**

417 W. Main Street  
Wauchula, FL 33873  
Ph: 941/773-4174  
Fax: 941/773-4422

### **Hendry County**

P.O. Box 1760  
LaBelle, FL 33935  
Ph: 941/675-5217  
Fax: 941/675-5238

### **Hernando County**

20 N. Main Street, Rm 130  
Brooksville, FL 34601  
Ph: 352/754-4206  
Fax: 352/754-4239

### **Highlands County**

590 S. Commerce Ave.  
Sebring, FL 33870  
Ph: 941/386-6565  
Fax: 941/386-6768

### **Hillsborough County**

419 Pierce Street  
Tampa, FL 33602  
Ph: 813/276-8100 ext. 7201  
Fax: 813/272-6518

### **Holmes County**

P.O. Box 397  
Bonifay, FL 32425  
Ph: 850/547-1100  
Fax: 850/547-6630

### **Indian River**

2000 16<sup>th</sup> Avenue  
Vero Beach, FL 32960  
Ph: 561/770-5185  
Fax: 561/778-4748

### **Jackson County**

P.O. Box 510  
Marianna, FL 32447  
Ph: 850/482-9552  
Fax: 850/482-7849  
E-mail: [clerkjack@digitalexp.com](mailto:clerkjack@digitalexp.com)

### **Jefferson County**

County Courthouse  
Monticello, FL 32344  
Ph: 850/342-0218  
Fax: 850/342-0222

### **Lafayette County**

P.O. Box 88  
Mayo, FL 32066  
Ph: 904/294-1600  
Fax: 904/294-4231  
E-mail: [rbadms@alltell.net](mailto:rbadms@alltell.net)

### **Lake County**

P.O. Box 7800  
Tavares, FL 32778  
Ph: 352/742-4100  
Fax: 352/742-4110  
E-mail: [emcdonald@clerk.lake.fl.us](mailto:emcdonald@clerk.lake.fl.us)

### **Lee County**

P.O. Box 2469  
Fort Myers, FL 33902  
Ph: 941/335-2990  
Fax: 941/335-2440

**Leon County**

301 S. Monroe Street P.O. Box Drawer 610  
 Tallahassee, FL 32301  
 Ph: 850/488-7534  
 Fax: 850/922-9226  
 E-mail: [johns@mail.co.leon.fl.us](mailto:johns@mail.co.leon.fl.us)

**Levy County**

Bronson, FL 32621  
 Ph: 352/486-5266  
 Fax: 352/486-5166

**Liberty County**

P.O. Box 399  
 Bristol, FL 32342  
 Ph: 850/643-2215  
 Fax: 850/643-2866

**Madison County**

101 S. Range Street  
 Madison, FL 32341  
 Ph: 850/973-1500  
 Fax: 850/973-2059

**Manatee County**

P.O. Box 25400  
 Bradenton, FL 34206  
 Ph: 941/749-1800  
 Fax: 941/741-4082  
 E-mail: [rb@clerkofcourts.com](mailto:rb@clerkofcourts.com)

**Marion County**

110 NW 1<sup>st</sup> Avenue  
 Ocala, FL 34475  
 Ph: 352/620-3904  
 Fax: 352/620-3300

**Martin County**

P.O. Drawer 9016  
 Stuart, FL 34995  
 Ph: 561/288-5577  
 Fax: 561/288-5548  
 E-mail: [mstillier@martin.fl.us](mailto:mstillier@martin.fl.us)

**Monroe County**

P.O. Box 1980  
 Key West, FL 33040  
 Ph: 305/294-4641 x-3314  
 Fax: 305/295-3615  
 E-mail: [dkohlage@flakeysol.com](mailto:dkohlage@flakeysol.com)

**Nassau County**

P.O. Box 456  
 Fernandina Beach, FL 32034  
 Ph: 904/321-5700  
 Fax: 904/321-5795  
 E-mail: [clerk@nassauclerk.com](mailto:clerk@nassauclerk.com)

**Okaloosa County**

1250 Elgin Pkwy.  
 Shalimar, FL 32579  
 Ph: 850/651-7200  
 Fax: 850/651-7670

**Okeechobee County**

304 NW 2<sup>nd</sup> Street, Rm 101  
 Okeechobee, FL 34972  
 Ph: 941/763-2131  
 Fax: 941/763-1557

**Orange County**

425 N. Orange Ave., #2110  
 Orlando, FL 32801  
 Ph: 407/836-2060  
 Fax: 407/836-2269  
 E-mail: [info@orangeclerk.org](mailto:info@orangeclerk.org)

**Osceola County**

17 S. Vernon Avenue P.O. Box 229  
 Room 231-C  
 Kissimmee, FL 34741  
 Ph: 407/847-1300 x-2682  
 Fax: 407/847-4208

**Palm Beach County**

West Palm Beach, FL 33402  
 Ph: 561/355-4621  
 Fax: 561/355-6727

**Pasco County**

38053 E. Live Oak Ave.  
 Dade City, FL 33525  
 Ph: 352/521-4274  
 Fax: 352/847-8121

**Pinellas County**

315 Court Street  
 Clearwater, FL 34616  
 Ph: 727/464-3341  
 Fax: 727/464-4162  
 E-mail: [lsmedley@co.pinellas.fl.us](mailto:lsmedley@co.pinellas.fl.us)

**Polk County**

P.O. Box 9000, Drawer CC-1  
 Bartow, FL 33830  
 Ph: 941/534-4540  
 Fax: 941/534-4089

**Putnam County**

410 St. John's Street  
 Palatka, FL 32177  
 Ph: 904/329-0361  
 Fax: 904/329-0888

**St. John's County**

P.O. Drawer 300  
 St. Augustine, FL 32085  
 Ph: 904/823-2333  
 Fax: 904/823-2294

**St. Lucie County**

221 S. Indian River Drive  
 Fort Pierce, FL 34950  
 Ph: 561/462-1476  
 Fax: 561/462-1614

**Santa Rosa County**

P.O. Box 472  
 Milton, FL 32570  
 Ph: 850/623-0135 x-1003  
 Fax: 850/626-9994

**Sarasota County**

Main Plaza, 1991 Main St.  
 Sarasota, FL 34237  
 Ph: 941/362-4066  
 Fax: 941/364-4453

**Seminole County**

P.O. Drawer C  
 Sanford, FL 32772  
 Ph: 407/665-4313  
 Fax: 407/330-7193

**Sumter County**

209 N. Florida Street  
 Bushnell, FL 33513  
 Ph: 352/793-0211  
 Fax: 352/568-6608

**Suwannee County**

200 S. Ohio Avenue  
 Live Oak, FL 32060  
 Ph: 904/362-0536  
 Fax: 904/362-0548

**Taylor County**

P.O. Box 620  
 Perry, FL 32347  
 Ph: 850/838-3506 x-25  
 Fax: 850/838-3549  
 E-mail: [cindym@perry.gulfnet.com](mailto:cindym@perry.gulfnet.com)

**Union County**

55 W. Main Street, Rm 103  
 Lake Butler, FL 32054  
 Ph: 904/496-3711  
 Fax: 904/496-1718

**Volusia County**

P.O. Box 6043  
 Deland, FL 32721  
 Ph: 904/822-5710  
 Fax: 904/822-5711  
 E-mail: [dmatousek@clerk.org](mailto:dmatousek@clerk.org)

**Wakulla County**

3056 Crawfordville HWY  
 Crawfordville, FL 32326  
 Ph: 850/926-0905  
 Fax: 850/926-0938  
 E-mail: [bxt@clerk.wakulla.fl.us](mailto:bxt@clerk.wakulla.fl.us)

**Walton County**

571 US Highway 90 East  
 DeFuniak Springs, FL 32435  
 Ph: 850/892-8115  
 Fax: 850/892-7551

**Washington County**

P.O. Box 647

Chipley, FL 32428  
Ph: 850/638-6289  
Fax: 850/638-6297

**APPENDIX B – PETITION FOR NAME CHANGE  
(ADULT)**

**--STARTS ON NEXT PAGE--**

**IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT, IN AND FOR  
\_\_\_\_\_ COUNTY, FLORIDA**

IN RE: THE NAME CHANGE OF

CASE NO.:

\_\_\_\_\_ ,

DIVISION:

Petitioner.

**PETITION FOR CHANGE OF NAME (ADULT)**

I, *[full legal name]* \_\_\_\_\_, being sworn, certify that the following information is true:

1. My complete present name is: \_\_\_\_\_.  
I request that my name be changed to: \_\_\_\_\_.
  
2. I live in \_\_\_\_\_ County, Florida, at *[street address]* \_\_\_\_\_  
\_\_\_\_\_.
  
3. I was born on *[date]* \_\_\_\_\_, in *[city]* \_\_\_\_\_,  
*[county]* \_\_\_\_\_, *[state]* \_\_\_\_\_, *[country]* \_\_\_\_\_.
  
4. My father's full legal name: \_\_\_\_\_  
My mother's full legal name: \_\_\_\_\_  
My mother's maiden name: \_\_\_\_\_

5. I have lived in the following places since birth:

Address	Dates (to/from)
_____	_____/_____
_____	_____/_____
_____	_____/_____
_____	_____/_____
_____	_____/_____
_____	_____/_____

[ ] Check here if you are continuing on an attached page.

**6. Family**

[Check **all** that apply]

\_\_\_\_\_ a. I am not married.

\_\_\_\_\_ b. I am married. My spouse's full legal name is:

\_\_\_\_\_.

\_\_\_\_\_ c. I do not have child(ren).

\_\_\_\_\_ d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, **including those over 18**, must be listed):

**Name** *[last, first, middle initial]*   **Age**   **Address City & State**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] Check here if you are continuing these facts on an attached page.

**7. Former names**

[Check **all** that apply]

\_\_\_\_\_ My name has never been changed **by a court**.

\_\_\_\_\_ My name previously was changed **by court order** from

\_\_\_\_\_ to \_\_\_\_\_ on *[date]* \_\_\_\_\_,  
by *[court, city, and state]* \_\_\_\_\_.

**[A copy of the court order is attached.]**

\_\_\_\_\_ My name previously was changed **by marriage** from

\_\_\_\_\_ to \_\_\_\_\_ on *[date]* \_\_\_\_\_,  
in *[city, county, and state]* \_\_\_\_\_.

**[A copy of the marriage certificate is attached.]**

\_\_\_\_\_ I have never been known or called by any other name.

\_\_\_\_\_ I have been known or called by the following other name(s): *[list name(s) and explain where you were known or called by such name(s)]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Occupation**

My occupation is: \_\_\_\_\_.

I am employed at: *[company and address]*

\_\_\_\_\_  
\_\_\_\_\_.

During the past 5 years, I have had the following jobs:

Employer Name & Address

Dates (to/from)

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

[ ] Check here if you are continuing these facts on an attached page.

**9. Business**

[Check **one** only]

\_\_\_\_\_ I do not own and operate a business.

\_\_\_\_\_ I own and operate a business. The name of the business is:

\_\_\_\_\_.

The street address is: \_\_\_\_\_.

My position with the business is:

\_\_\_\_\_.

I have been involved with the business since: *[date]* \_\_\_\_\_.

**10. Profession**

[Check **one** only]

\_\_\_\_\_ I am not in a profession.

\_\_\_\_\_ I am in a profession. My profession is: \_\_\_\_\_.

I have practiced this profession:

Place and Address

Dates (to/from)

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

**11. Education**

I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if you are continuing these facts on an additional page.

**12. Felony Convictions**

[Check **one** only]

\_\_\_\_\_ I have never been convicted of a felony.

\_\_\_\_\_ I was convicted of a felony on *[date]* \_\_\_\_\_, in *[city]* \_\_\_\_\_, *[county]* \_\_\_\_\_, *[state]* \_\_\_\_\_.

Check here if you have been convicted of additional felonies, and explain on an attached page.

**13. Bankruptcy**

[Check **one** only]

\_\_\_\_\_ I have never been adjudicated bankrupt.

\_\_\_\_\_ I was adjudicated bankrupt on *[date]* \_\_\_\_\_, in *[city]* \_\_\_\_\_, *[county]* \_\_\_\_\_, *[state]* \_\_\_\_\_.

Check here if you have filed additional bankruptcies, and explain on an attached page.

**14. Creditor(s)' Judgments**

[Check **one** only]

\_\_\_\_\_ I have never had a money judgment entered against me by a creditor.

\_\_\_\_\_ The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering Judgment	Case #
_____				

Check if paid

Check if paid

Check here if these facts are continued on an additional page.

15. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

16. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Date

Signature of Petitioner

\_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by

\_\_\_\_\_  
NOTARY PUBLIC--STATE OF FLORIDA

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [fill in **all** blanks]

I, [full legal name and trade name of nonlawyer]

\_\_\_\_\_,  
a nonlawyer, located at [street] \_\_\_\_\_, [city]

\_\_\_\_\_,  
[state] \_\_\_\_\_, [phone] \_\_\_\_\_, helped  
[name] \_\_\_\_\_,

who is the petitioner, fill out this form.

## **APPENDIX C – CIVIL COVER SHEET**

**The Civil Cover Sheet attached below is in Portable Document Format (PDF). In order to open a PDF file, you must have an Adobe Acrobat Reader on your computer. Adobe Acrobat Reader is a free software program that lets you view and print PDF files.**

**To download a free Adobe Acrobat Reader, copy the link below, paste it in your web browser and hit go.**

[www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)

**Scroll to the bottom of the page and complete sections 1 and 3 to download the Reader.**

**AFTER YOU HAVE DOWNLOADED THE ADOBE ACROBAT READER, CLICK BELOW FOR LINK TO CIVIL COVER SHEET IN PDF FORMAT:**



FL Civil Cover Sheet.pdf

**APPENDIX D – DISCLOSURE FROM NON-LAWYER**

**--STARTS ON NEXT PAGE--**

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT, IN AND FOR  
\_\_\_\_\_ COUNTY, FLORIDA

IN RE: THE NAME CHANGE OF

CASE NO.:

\_\_\_\_\_

DIVISION:

Petitioner.

**DISCLOSURE FROM NONLAWYER**

I, *{full legal name}* \_\_\_\_\_, certify that *{nonlawyer's full legal and trade names}* \_\_\_\_\_, explained to me that he or she is **not** an attorney who is in good standing of The Florida Bar and that **he or she CANNOT: 1) give me legal advice; 2) tell me what my legal rights or remedies are; 3) represent me in court; or 4) tell me how to testify in court.**

This nonlawyer further explained to me that **he or she CAN ONLY: 1) help me fill out forms that have been approved by the Supreme Court of Florida; 2) ask me questions to fill in the form(s); and 3) show or explain to me how to file the form(s).**

[Check one only]

\_\_\_\_\_ I can read English

\_\_\_\_\_ I cannot read English, but this disclosure was read to me by *{name}* \_\_\_\_\_  
\_\_\_\_\_ in *{language}* \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

\_\_\_\_\_  
Signature of **Nonlawyer**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**APPENDIX E -- FINAL JUDGEMENT OF NAME  
CHANGE (ADULT)**

**--STARTS ON NEXT PAGE--**

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT, IN AND FOR  
\_\_\_\_\_ COUNTY, FLORIDA

IN RE: THE NAME CHANGE OF  
\_\_\_\_\_  
Petitioner.

CASE NO.:  
DIVISION:

**FINAL JUDGMENT OF CHANGE OF NAME (ADULT)**

This cause came before the Court on [date] \_\_\_\_\_, for a hearing on Petition for Change of Name (Adult) under *section 68.07, Florida Statutes*, and it appearing to the Court that:

1. Petitioner is a bona fide resident of \_\_\_\_\_ County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name,

\_\_\_\_\_,

is changed to \_\_\_\_\_, by which  
Petitioner shall hereafter be known.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**

Petitioner

**APPENDIX F -- SAMPLE PHYSICIAN'S AFFIDAVIT  
IN SUPPORT OF AMENDMENT TO BIRTH  
CERTIFICATE AND OTHER IDENTITY  
DOCUMENTS**

**-- STARTS ON NEXT PAGE --**

In the sample affidavit attached below, certain information is listed in brackets. Your treating physician should fill in the requested information, indicate whether your sex reassignment surgery was the result of Gender Identity Disorder or an intersexed condition, and sign the affidavit in the presence of a notary public.



## **APPENDIX G – SOCIAL SECURITY FORM SS-5**

**If you have an Adobe Acrobat Reader on your computer, you can download the most current version of Form SS-5 directly from the Social Security Administration website. Copy the link below, paste it in your web browser and hit go.**

[www.ssa.gov/online/ss-5.pdf](http://www.ssa.gov/online/ss-5.pdf)

**Or, if you prefer, Social Security Form SS-5 is attached below in Portable Document Format (PDF). In order to open a PDF file, you must have an Adobe Acrobat Reader on your computer. Adobe Acrobat Reader is a free software program that lets you view and print PDF files.**

**To download a free Adobe Acrobat Reader, copy the link below, paste it in your web browser and hit go.**

[www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)

**Scroll to the bottom of the page and complete sections 1 and 3 to download the Reader.**

**AFTER YOU HAVE DOWNLOADED THE ADOBE ACROBAT READER, CLICK BELOW FOR A LINK TO FORM SS-5 IN PDF FORMAT:**



Ss-5.pdf

## **APPENDIX H – PASSPORT FORM DS-19 AND INSTRUCTIONS**

**If you have an Adobe Acrobat Reader on your computer, you can download the most current version of Form DS-19 directly from the State Department website. Copy the link below, paste it in your web browser and hit go.**

<http://travel.state.gov/DS-0019.pdf>

**Or, if you prefer, Form DS-19 is attached below in Portable Document Format (PDF). In order to open a PDF file, you must have an Adobe Acrobat Reader on your computer. Adobe Acrobat Reader is a free software program that lets you view and print PDF files.**

**To download a free Adobe Acrobat Reader, copy the link below, paste it in your web browser and hit go.**

[www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)

**Scroll to the bottom of the page and complete sections 1 and 3 to download the Reader.**

**AFTER YOU HAVE DOWNLOADED THE ADOBE ACROBAT READER, CLICK BELOW FOR A LINK TO FORM DS-19 AND INSTRUCTIONS IN ADOBE ACROBAT FORMAT:**



Ds-0019.pdf

## **APPENDIX I – SELECTIVE SERVICE REQUEST FOR STATUS INFORMATION LETTER**

**If you have an Adobe Acrobat Reader on your computer, you can download the most current version of the Status Information request form and instructions directly from the Selective Service website. Copy the link below, paste it in your web browser and hit go.**

[www.sss.gov/PDFs/instructions.pdf](http://www.sss.gov/PDFs/instructions.pdf)  
[www.sss.gov/PDFs/infoform.pdf](http://www.sss.gov/PDFs/infoform.pdf)

**Or, if you prefer, the Status Information request form and instructions are attached below in Portable Document Format (PDF). In order to open a PDF file, you must have an Adobe Acrobat Reader on your computer. Adobe Acrobat Reader is a free software program that lets you view and print PDF files.**

**To download a free Adobe Acrobat Reader, copy the link below, paste it in your web browser and hit go.**

[www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html)

**Scroll to the bottom of the page and complete sections 1 and 3 to download the Reader.**

**AFTER YOU HAVE DOWNLOADED THE ADOBE ACROBAT READER, CLICK BELOW FOR A LINK TO ‘REQUEST FOR STATUS INFORMATION LETTER’ FORM AND INSTRUCTIONS IN ADOBE ACROBAT FORMAT:**



infoform instructions.pdf



Infoform.pdf

# **APPENDIX J – MINOR NAME CHANGE FORMS**

**--STARTS ON NEXT PAGE--**

## **INSTRUCTIONS FOR FLORIDA FAMILY LAW FORM 12.982(c), PETITION FOR CHANGE OF NAME (MINOR CHILD)**

### **When should this form be used?**

This form should be used when parents want the court to change the name of their minor child. For the purposes of this proceeding, a person under the age of 18 is a minor. This form is not to be used in connection with an adoption or paternity action. If you want a change of name for your child because of an adoption or paternity action that is not yet final, the change of name should be done as part of that case.

This form should be typed or printed in black ink. The primary petition should only be completed for one child. If you wish to change the names of more than one child, you should complete and file a Supplemental Form for Petition for Change of Name (Minor Child) for each child. After completing this form, you should sign the form before a **notary public**. You should **file** the original with the **clerk of the circuit court** in the county where you live and keep a copy for your records.

### **What should I do next?**

If **both** parents agree to the change of name and live in the county where the change of name is sought, you may both file as **petitioners**. In this situation, **service** is not necessary, and you need only to set a **hearing**. You should ask the clerk of court, **family law intake staff**, or **judicial assistant** about the local procedure for setting a hearing.

If only one parent is a resident of the county where the change of name is sought **or** only one parent asks for the child's name to be changed, the other parent must be notified and his or her consent obtained, if possible. If the other parent consents to the change of name, a **Consent for Change of Name (Minor Child)**, Florida Family Law Form 12.982(d), should be filed.

If the other parent does not consent to the change of name, you may still have a hearing on the petition **if** you have properly notified the other parent about your petition and the hearing. If you know where he or she lives, you must use **personal service**. If you absolutely do not know where he or she lives, you may use **constructive service**. For more information about personal and constructive service, you should consult an attorney as the law regarding notice can be very complex.

Next, you must obtain a **final hearing** date for the court to consider your request. You should ask the clerk of court, family law intake staff, or judicial assistant about the local procedure for setting a hearing. You may be required to attend the hearing. Included in these forms is a **Final Judgment of Change of Name (Minor Child)**, Florida Family Law Form 12.982(e), which may be used when a judge grants a change of name for a minor child(ren). If you attend the hearing, you should take the final judgment with you. You should complete the top part of the form, including the circuit, county, case number, division, and the name(s) of the petitioner(s) and leave the rest blank for the judge to complete. It should be typed or printed in black ink.

If the judge grants your petition, he or she will sign this **order**. This officially changes your child's name. The clerk can provide you with **certified copies** of the signed order. There will be charges for the certified copies, and the clerk can tell you how much those charges are.

**Special notes...**

The heading of the form calls for the name(s) of the **petitioner(s)**. This is the parent(s) who is (are) requesting the change of their child's name. The judicial circuit, case number, and division may be obtained from the clerk of court's office when you file the petition.

It may be helpful to compile a list of all of the people and places that will need a copy of the final judgment. This list may include the driver's license office, social security office, banks, schools, etc. A list will help you know how many copies of your order you should get from the clerk of court after your hearing.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Form 12.900, before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

[SEE NEXT PAGE FOR FORM]

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT, IN AND FOR  
\_\_\_\_\_ COUNTY, FLORIDA

IN RE: THE NAME CHANGE OF  
\_\_\_\_\_  
\_\_\_\_\_  
Petitioner.

CASE NO.:  
DIVISION:

**PETITION FOR CHANGE OF NAME (MINOR CHILD)**

I/We, *[full legal name(s)]* \_\_\_\_\_, being sworn, certify that the following information is true:  
**I am/We are the birth or legal parent(s) of the minor child named in this petition.**

There is only one minor child named in this petition.

**THE FOLLOWING INFORMATION IS TRUE ABOUT THE CHILD:**

1. **Minor child's complete present name is:**

**I/We request that this minor child's name be changed to:**

2. The minor child lives in \_\_\_\_\_ County, Florida, at *[street address]* \_\_\_\_\_.

3. The minor child was born on *[date]* \_\_\_\_\_, in *[city, county, state, country]* \_\_\_\_\_.

4. The minor child's father's full legal name:

\_\_\_\_\_  
The minor child's mother's full legal name:

\_\_\_\_\_  
The minor child's mother's maiden name:

5. The minor child has lived in the following places since birth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. [Select **one** only]

\_\_\_\_\_ The minor child is not married.

\_\_\_\_\_ The minor child is married to: *[full legal name]*

---

---

7. [Select **one** only]

\_\_\_\_\_ The minor child has no children.

\_\_\_\_\_ The minor child is the parent of the following child(ren): *[enter full name(s) and date(s) of birth]*

---

---

**8. Former names**

[Select **all** that apply]

\_\_\_\_\_ The minor child's name has never been changed **by a court**.

\_\_\_\_\_ The minor child's name previously was changed **by court order** from

\_\_\_\_\_ to \_\_\_\_\_ on *[date]*  
\_\_\_\_\_, by *[court, city, and state]* \_\_\_\_\_

---

A copy of the court order is attached.

\_\_\_\_\_ The minor child's name previously was changed **by marriage** from \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ on *[date]* \_\_\_\_\_,  
in *[city, county, and state]* \_\_\_\_\_.

A copy of the marriage certificate is attached.

\_\_\_\_\_ The minor child has never been known or called by any other name.

\_\_\_\_\_ The minor child has been known or called by the following other name(s): *[list name(s) and explain where child was known or called by such name(s)]*

---

---

---

9. The minor child is not employed in an occupation or profession, does not own and operate a business, and has received no educational degrees. If the minor child has a job, explain:

---

---

**10. Felony Convictions.**

[ Select **one** only]

\_\_\_\_\_ The minor child has never been convicted of a felony.

\_\_\_\_\_ The minor child was convicted of a felony on [date] \_\_\_\_\_, in [city] \_\_\_\_\_, [county] \_\_\_\_\_, [state] \_\_\_\_\_.

**11. Money Judgments.**

[ Select **one** only]

\_\_\_\_\_ The minor child has never been adjudicated bankrupt, and no money judgment has ever been entered against him or her.

\_\_\_\_\_ The following money judgment(s) has been entered against him or her:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING INFORMATION IS TRUE ABOUT PETITIONER(S):**

12. Petitioner(s) live in \_\_\_\_\_ County, Florida, at [street address]

\_\_\_\_\_  
\_\_\_\_\_

13. I/We have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

14. My/our civil rights have never been suspended, or, if ever suspended, they have been fully restored.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Printed Name:

Address:

City, State, Zip:

Telephone Number:

Fax Number:

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by  
\_\_\_\_\_  
\_\_\_\_\_

NOTARY PUBLIC--STATE OF FLORIDA

[Print, type, or stamp commissioned name of notary.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by  
\_\_\_\_\_  
\_\_\_\_\_

NOTARY PUBLIC--STATE OF FLORIDA

[Print, type, or stamp commissioned name of notary.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [ fill in all blanks]**

I, *[full legal name and trade name of nonlawyer]*

\_\_\_\_\_, a nonlawyer, located at *[street]*

\_\_\_\_\_, *[city]* \_\_\_\_\_,

*[state]* \_\_\_\_\_, *[phone]* \_\_\_\_\_, helped *[name(s)]* \_\_\_\_\_

\_\_\_\_\_,  
who is (are) the petitioner(s), fill out this form.

**CONSENT FOR CHANGE OF NAME (MINOR CHILD)**  
**IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT, IN**  
**AND FOR \_\_\_\_\_ COUNTY, FLORIDA**

IN RE: THE NAME CHANGE OF  
\_\_\_\_\_,  
Petitioner.

CASE NO.:  
DIVISION:

**CONSENT FOR CHANGE OF NAME (MINOR CHILD)**

I, *[full legal name]* \_\_\_\_\_, being sworn, certify that the following information is true:

I am the birth or legal ( ) father ( ) mother of the minor child named in this case, and I give consent for the following name changes:

From: \_\_\_\_\_  
To: \_\_\_\_\_  
(Current name) (New name)

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this consent and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Printed  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State,  
Zip: \_\_\_\_\_  
Telephone  
Number: \_\_\_\_\_  
Fax  
Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by  
\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC--STATE OF FLORIDA

[Print, type, or stamp commissioned name of notary.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification  
Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [fill in **all** blanks]

I, *[full legal name and trade name of nonlawyer]*

\_\_\_\_\_,  
a nonlawyer, located at *[street]* \_\_\_\_\_,  
*[city]* \_\_\_\_\_,  
*[state]* \_\_\_\_\_, *[phone]* \_\_\_\_\_, helped *[name]*

\_\_\_\_\_ who is the [choose **one** only] \_\_\_ petitioner **or** \_\_\_ consenting parent, fill out this form.

**IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT, IN AND FOR  
\_\_\_\_\_ COUNTY, FLORIDA**

IN RE: THE NAME CHANGE OF  
\_\_\_\_\_  
\_\_\_\_\_  
Petitioner.

CASE NO.:  
DIVISION:

**FINAL JUDGMENT OF CHANGE OF NAME (MINOR CHILD)**

This cause came before the Court on [date] \_\_\_\_\_, for a hearing on Petition for Change of Name under *section 68.07, Florida Statutes*, and it appearing to the Court that:

1. Petitioner(s) is (are) a bona fide resident(s) of \_\_\_\_\_ County, Florida;

2. (Select **one** only)

\_\_\_\_\_ Petitioners are the parents of the minor child named in the petition;

\_\_\_\_\_ Petitioner is the parent of the minor child named in the petition, and the other parent has been properly notified and has either consented or failed to respond;

\_\_\_\_\_ Other: \_\_\_\_\_

3. Petitioner's request is not for any ulterior or illegal purpose; and

4. granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that the minor child's present name, \_\_\_\_\_,  
is changed to \_\_\_\_\_, by which minor child shall hereafter be known.

ORDERED on \_\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**COPIES TO:**