



**SMITH RIVER RANCHERIA  
TRIBAL COURT**

**NAME AND INFORMATION  
ABOUT THE PERSON WHOSE  
NAME IS TO BE CHANGED  
(Attachment A)**

**CASE NO.**

Court Address  
P.O. Box 992, Smith River, CA 95567

Court telephone no.  
(707) 487-6425

**Petitioner**

**NAME AND INFORMATION ABOUT THE PERSON WHOSE NAME IS TO BE CHANGED**

*(You must use a separate attachment for each person whose name is to be changed. If petitioner is a guardian of a minor, a supplemental attachment, Declaration of Guardian must also be completed and attached for each minor whose name is to be changed.)*

6. (Continued) Petitioner applies for a decree to change the name of the following person:

- b)  Self                       Other
  - 1) Present name (specify):
  - 2) Proposed name (specify):
  - 3) Born on (date of birth):  
and presently  under 18 years of age       over 18 years of age
  - 4) Born at (place of birth):
  - 5) Sex (as stated on original birth certificate):     Male       Female
  - 6) Current residence address (street, city, county, and zip code):
- c) Reason for name change (explain): \_\_\_\_\_
- d) Relationship of the petitioner to the person whose name will be changed:
  - 1)  self                      4)  near relative (indicate relationship):
  - 2)  parent                      5)  other (specify):
  - 3)  Guardian
- e) If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:
  - 1) Father (name): \_\_\_\_\_ (address): \_\_\_\_\_
  - 2) Mother (name): \_\_\_\_\_ (address): \_\_\_\_\_
  - 3) (Only if neither parent is living) Near relatives (names, relationships and addresses):
- f) If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

**DECLARATION**

I declare under penalty of perjury under the laws of the Smith River Rancheria Tribal Court that  I am not  I am Under the jurisdiction of the California Department of Corrections (in state prison or on parole) **and**  I am not  I am required to register as a sex offender under Penal Code section 290.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)

(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)

**(If petitioner is represented by an attorney, the attorney's signature follows):**

\_\_\_\_\_  
(Type or Print Name)                      (Signature of Attorney)                      (Date)

**(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment)**

\_\_\_\_\_  
(Type or Print Name)                      (Signature of Petitioner)                      (Date)

ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS