

STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY	REQUEST FOR NAME CHANGE (MINOR CHILDREN)	<i>For Court Use Only</i>
Instructions ▼ Directly above, enter the county name where you will file this case. Enter the name of the person asking the court to change the names of minor children. DO NOT enter a Case Number, the Circuit Clerk will add it.	REQUEST OF: _____ <i>First, Middle, Last Name</i> TO CHANGE NAMES OF MINOR CHILDREN	_____ Case Number

In **1**, enter the current first, middle, and last name of the children and the new first, middle, and last name that you would like for the children.

In **1**, if you have more than 4 children, list additional children on the *Request for Name Change - Additional Children* form and check the box.

I ask the court to enter orders to change the names of the minor children listed below, and state:

1. Names.

	Current Name of Minor Child	Proposed New Name of Minor Child
a.		
b.		
c.		
d.		

I am requesting name changes for more than 4 children. I have attached a *Request for Name Change – Additional Children* form.

2. I have attached a *Request for Name Change - Child Information* form for each child.

- Yes
 No

3. I have lived continuously in Illinois for at least 6 months. I started living in Illinois on:

_____ *Date*

In **2**, complete a *Request for Name Change - Child Information* form for each child and attach it to this *Request for Name Change (Minor Children)*.

In **3**, enter the date you started living in Illinois. You must have lived in Illinois for 6 months before you can file this *Request*.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

Enter your complete current address and telephone number.

I certify that everything stated on the *Request for Name Change (Minor Children)* and on the attached *Request for Name Change - Child Information* form is true and correct to the best of my knowledge. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/
Your Signature

Street, Apt #

Print or Type Name

City, State, Zip

Telephone

GETTING COURT DOCUMENTS BY EMAIL: If you agree to receive court documents by email, check the box below and enter your email address. You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information or notice of court dates. Other parties may still send you court documents by mail.

I agree to receive court documents at this email address during my entire case.

Email

NOTE

This section must be filled out by someone else, not by you.

Witness: Enter your full name.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is a Class 3 Felony.

Witness: Sign and print your name.

Witness: Enter your complete address and telephone number.

VERIFICATION BY WITNESS

I, _____
First Middle Last

certify that what is stated above and on the attached *Request for Name Change (Minor Children)* form is true and correct to the best of my knowledge and belief. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

Witness Signature

Street, Apt #

Print or Type Name

City, State, Zip

Telephone