



IN THE DISTRICT COURT OF SPOKANE COUNTY
STATE OF WASHINGTON
ADULT NAME CHANGE INSTRUCTIONS

Name Change Filing Information (509) 477-4770 Option 8

Revised 8/3/2023

SEALED NAME CHANGES: If you would like to have your name change sealed, you will need to file in Superior Court. If you have any questions regarding a sealed name change, you may contact the Superior Court at (509) 477-2211. *RCW 4.24.130 (5)*

****IF YOU FILE IN DISTRICT COURT YOUR NAME CHANGE IS PUBLIC RECORD****

The original Petition must be filed in the Clerk's office

at

721 North Jefferson, Suite 204, Broadway Centre Building, Spokane, WA 99260

Hours of Operation: 8:30 AM – 5:00 PM Monday – Friday

(Closed from 12:00 PM – 1:00 PM.)

or

On-line at www.spokanecounty.org under District Court Department.

You may obtain the instructions and Petition at the Clerk's office or on the internet at www.spokanecounty.org.

PRINT OR TYPE THE PETITION LEGIBLY. *(The order changing name will be created by the Clerk's office at the time of filing.)*

FILING FEE: \$287.00 *(must be paid at the time of filing by cash, check, debit or credit – a service fee of 3% will be required.)* The filing fee includes one (1) certified copy. Additional certified copies are **\$5.00 each**. The Clerk will assign a court date at the time of filing.

REQUIRED NOTIFICATION TO OTHER AGENCIES

Birth Certificate: If you were born in Washington State and wish to change your birth certificate, contact the department of Vital Records at (360) 236-4300. If you were born in a different state, you should contact that state for the fee schedule and notify them of the name change. Fee schedules vary from state to state.

Social Security: The Social Security Administration requires a certified copy of the Order Changing Name. They will return your copy after they have documented the change. The address of the local office is 714 N. Ironbridge Way, Suite 100, Spokane, Washington 99202. Their phone number is (800) 772-1213.

Department of Licensing: The Department of Licensing requires a certified copy of the Order Changing Name. They will return your certified copy. There is a fee to change your current license. Their Spokane locations are: 9107 N. Country Holmes Blvd., phone: (509) 482-3883, or 12801 E. Sprague, phone: (509) 921-2358.

Military: If you are in the military, a certified copy of the Order Changing Name will be needed to correct your military records.

Sex Offender: If you are required to register as a sex offender pursuant to RCW 9A.44.130, you must submit a copy of this application to the county sheriff of the county of your residence and to the state patrol **at least five (5) days before** the entry of an order granting the name change. If an order is granted changing your name, then you must submit a copy of the order to the county sheriff of the county of your residence and the state patrol within five (5) days of the entry of the order. You will be required to show proof of the notification.

Department of Corrections: If you are under the jurisdiction of the Department of Corrections, you are required to submit a copy of the petition to the Department **not fewer than five (5) days** before the hearing. You will be required to show proof of the notification.

**IN THE DISTRICT COURT OF THE STATE OF
WASHINGTON IN AND FOR THE COUNTY OF SPOKANE**

In the Matter of the Petition of

Petitioner (Current Full Legal Name)

NO. _____

**PETITION FOR CHANGE OF
NAME (RCW 4.24.130)**

Hearing Date: _____

Time: 9:00 a.m.

Location: 721 N. Jefferson, Court Room 203

1. I am applying for a Court Order which will change my name:

A. FROM: (Current Full Legal Name)

Current First Name

Current Middle Name

Current Last Name

B. TO: (New Legal Name Desired)

Proposed First Name

Proposed Middle Name

Proposed Last Name

2. I desire the "*Petition for Change of Name*" because :

3. Do you reside in Spokane County? Yes No

- If you marked "No", which county do you reside in? _____

4. Does any person (entity) have guardianship over your person or estate? Yes No

5. Do you have picture identification to show at time of name change? Yes No
6. Is this Petition being made to avoid creditors? Yes No
7. Is this Petition being made for any illegal or fraudulent purpose? Yes No
8. Is this Petition being made because of domestic violence and you desire to have the name changed sealed due to reasonable fear for safety (RCW 4.24.130 (5))? Yes No

If you marked "Yes" – You must file your Sealed Name Change Petition with Superior Court.

9. I AM under the jurisdiction of the Department of Corrections (or under probation with the Department of Corrections)? * Yes No
10. I AM required to register as sex offender under RCW 9A.44.130? ** Yes No
11. Is there anything else you would like to present to the Court in support of your name change? Please describe. _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at Spokane County, Washington on this the _____ day of _____, _____.

Petitioner's Signature

Print Petitioner's Name

* If under the jurisdiction of Department of Corrections, a copy of this application (petition) shall be submitted (BY THE PETITIONER) to said Department not fewer than five (5) days before entry of an order granting name change (AND HAVE PROOF OF SAME), and offender shall submit a copy of the order to said Department within five (5) days of entry of an order granting name change. Violation of a misdemeanor. RCW 4.24.130(2).

** If subject to registration under RCW 9A.44.130 (sex offender statute) a copy of this application (petition) shall be submitted (BY THE PETITIONER) to the Spokane County Sheriff AND the Washington State Patrol not fewer than five (5) days before entry of an order granting name change (AND HAVE PROOF OF SAME), and offender shall submit a copy of the order to said Sheriff and the WSP within three (3) business days of entry of an order granting name change. See RCW 9.44.130(7).

District Court complies with Americans with Disability Act – for accommodations contact Court Operations Manager 477-2903

**IN THE DISTRICT COURT OF THE STATE OF
WASHINGTON IN AND FOR THE COUNTY OF SPOKANE**

In the Matter of the Petition of

Petitioner (Current Full Legal Name)

NO. _____

**PETITION FOR CHANGE OF
NAME CONFIDENTIAL
INFORMATION SHEET**

1. DATE OF BIRTH:

Month Day Year

2. RESIDENTIAL ADDRESS:

Street

City State Zip

Phone

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at Spokane County, Washington on this the _____ day of _____, _____.

Petitioner's Signature

Print Petitioner's Name