



YUROK TRIBAL COURT

PO Box 1027 / 230 Klamath Blvd.

Klamath, CA 95548

(707) 482-1350 phone

(707) 482-0105 fax

Court File Number: _____

Case Type: **FAMILY CODE**

[FILE]

In re

(Write **Current Name** of Person Requesting Change)

PETITION for Change of Name

☐ **YOU MUST ATTACH AN ENROLLMENT VERIFICATION FROM THE YUROK TRIBE ENROLLMENT DEPARTMENT**

☐ There are NO other open Court cases regarding Change of Name for this Petitioner

1. Petitioner identifying information

Present legal name: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____

Town and State of Birth: _____

Gender (at time of birth): ☐ Male ☐ Female

Mailing address:

Address Apt. #

City State Zip Code

Physical address:

Address Apt. #

City State Zip Code



2. List any other names you have used, including maiden: _____

3. Reason for name change request (attach extra sheet if necessary, label *Attachment to Petition*):

4. ☐ Person whose name is to be changed is an emancipated minor.

☐ You Must Attach Emancipation Order

NOTICE TO PETITIONER:

Debtor/Creditor

By signing your name below (Petitioner's Signature) you acknowledge full responsibility of timely and properly informing any and all creditors of your Petition for Change of Name and any subsequent DECREE CHANGING NAME issued by the Yurok Tribal Court.

Publication

You must attach a completed NOTICE OF PETITION FOR NAME CHANGE to this Petition. Once returned you must submit a copy of the notice of publication from the YUROK TRIBE NEWSLETTER.

DATE: _____

Petitioner's Signature

Mailing Address

City/State/Zip Code

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Telephone Number

E-mail