



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 or CHILDREN'S CODE

[FILE]

In re

(Write **current name** of person's to be changed)

DECLARATION responding to Petition for Change of Name

☐ Custody

☐ Annulment

☐ Guardianship

☐ Other

☐ Dissolution

☐ Legal Separation

1. Declarant's identifying information:

Name: _____
(First) (Middle) (Last)

Relationship to person's whose name is to be changed: _____

Mailing address:

Address

Apt. #

City

State

Zip Code

2. As an Interested Party in the above titles case I (*check one*):

☐ **AGREE** to the proposed name change of: _____

☐ **I DO NOT AGREE** to the proposed name change of: _____



3. Reason you AGREE or DO NOT AGREE (attach extra sheet if necessary, label *Attachment to Declaration*):

4. ☐ Person whose name is to be changed is an emancipated minor.
☐ You Must Attach Emancipation Order

Proof of Service

You must serve A COPY of this DECLARATION on all interested parties of the case in which you are responding to. You must file the ORIGINAL SIGNED Declaration with the Yurok Tribal Court.

DATE: _____

Declarant's Signature

Telephone Number

Email address