



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

<input type="checkbox"/> Custody	<input type="checkbox"/> Annulment
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Other
<input type="checkbox"/> Dissolution	<input type="checkbox"/> 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