



Questionnaire for Name Change

Return to legal@danawhitefamilylaw.com

Today's date: _____

I. INFORMATION ABOUT YOURSELF

In relation to the children whose name(s) you are seeking to change, you are the:

mother father other: _____

Your full name: _____

Name you prefer to be called: _____ Date of birth: _____

Home phone: _____ wk #: _____ cell #: _____

Fax #: _____ E-mail address: _____

How would you prefer that we contact you? _____

Home address: _____

How long at this address? _____ Is this a temporary address? _____

Social security #: _____ DL # and State: _____

Occupation: _____ Employer: _____

Employer address: _____

How long at this job? _____ Your job is: full time part time temporary

II. Significant Others:

Please indicate whether you are married engaged involved in a serious relationship

If yes to any of the above, please answer the following questions regarding that person:

Name: _____ DOB: _____

Occupation: _____ Employer: _____

Criminal history: _____

History of alcohol or drug abuse? _____

History of mental illness? _____

Has he/she lost custody of his/her children or have supervised visitation? _____



CHILDREN WHO ARE SEEKING TO CHANGE THEIR NAME(S):

For each child that is the subject of this suit, please complete the information below:

1. Name: _____ Date of birth: _____
 Male or female? _____ SS#: _____
 Currently residing with: _____ County of residence: _____
 Address: _____
2. Name: _____ Date of birth: _____
 Male or female? _____ SS#: _____
 Currently residing with: _____ County of residence: _____
 Address: _____
3. Name: _____ Date of birth: _____
 Male or female? _____ SS#: _____
 Currently residing with: _____ County of residence: _____
 Address: _____
4. Name: _____ Date of birth: _____
 Male or female? _____ SS#: _____
 Currently residing with: _____ County of residence: _____
 Address: _____

Do any of the children listed above have a disability that would necessitate care beyond the age of 18? _____ If yes, please explain: _____

OTHER CHILDREN NOT SUBJECT TO THIS SUIT:

If you have OTHER MINOR CHILDREN who are NOT the subject of this suit but that you have an obligation to support, please complete section immediately below:

1. Name: _____ Sex: _____
 DOB: _____ Resides with: _____
2. Name: _____ Sex: _____
 DOB: _____ Resides with: _____



3. Name: _____ Sex: _____
DOB: _____ Resides with: _____

III. INFORMATION ABOUT THE OPPOSING PARTY

In relation to the children who are the subject of this suit, the other party is the:

father mother other: _____

Were you ever married him/her? _____ If yes, date of divorce: _____

NAME: _____ Date of birth: _____

Address: _____

_____ County: _____

Home #: _____ work #: _____ cell #: _____

Fax #: _____ email address: _____

Occupation: _____ employer: _____

Have you consulted with other attorneys in this matter? _____

Outcome: _____

PLEASE SIGN BELOW, indicating that all information herein is correct:

Signature

Date

Attorney's notes: