

NAME CHANGE - Adult

CUSTOMER INFORMATION

Contact Person:	NLF Rep: <i>(internal use only)</i>
Street Address:	Cell Phone:
City, State, Zip Code:	Alternate Phone:

EMAIL *(required)*:

Use only if:

- You are a resident of Clark County, Nevada.
- You aren't changing your name to defraud creditors or for another fraudulent reason.
- You haven't been convicted of a felony.

PETITIONER'S INFORMATION

(1) Full Legal Name:

(2) Date of Birth: (3) Birthplace:

(4) Street Address:

(5) City, State, Zip Code:

(6) Phone Number:

(7) Email Address:

(8) Mailing Address if different from above:

(9) Date moved to Clark County, Nevada:

(10) New Name You Are Requesting:

(11) Do you want a new birth certificate with your new name?

- Yes
- No

(12) Explain reason(s) why you are requesting this name change.