3. The name of Present name a. b. c. d. Additional name changes are listed on Attachmer Date: Form Adopted for Mandatory Use DECR		JUDGE OF THE SUPERIOR COURT 5 JUDGE FOLLOWS LAST ATTACHMENT Page 1 of 1 Code of Civil Procedure, §§ 1278, 1279
Present name         a.         b.         c.         d.         Additional name changes are listed on Attachmer	is changed to is changed to is changed to nt 3.	
Present name         a.         b.         c.         d.         Additional name changes are listed on Attachmer	is changed to is changed to is changed to	JUDGE OF THE SUPERIOR COURT
Present name         a.         b.         c.         d.         Additional name changes are listed on Attachmer	is changed to is changed to is changed to	
Present name a. b. c. d.	is changed to is changed to is changed to	
Present name a. b. c.	is changed to is changed to	
Present name a. b.	is changed to	
Present name a.	-	
Present name	is changed to	
3 The name of		New name
THE COURT ORDERS		
f. Other findings <i>(if any)</i> :		
<ul> <li>c. No objections to the proposed change of name</li> <li>d. Objections to the proposed change of name v</li> <li>e. It appears to the satisfaction of the court that all the be granted.</li> </ul>	were made by <i>(name)</i> :	true and sufficient and that the petition should
	ed in item 3 below a sex offender under section 2 by using CLETS/CJIS	290 of the Penal Code. based on information provided to the clerk
THE COURT FINDS		
<ol> <li>The petition was duly considered:</li> <li>a at the hearing on <i>(date)</i>:</li> <li>b without hearing.</li> </ol>	in Courtroom:	of the above-entitled court.
DECREE CHANGING NAI	ME	
	FOR CHANGE OF NAME	CASE NUMBER:
PETITION OF (name of each petitioner):		
BRANCH NAME:		_
MAILING ADDRESS: CITY AND ZIP CODE:		
STREET ADDRESS:		
ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF		-
E-MAIL ADDRESS:	ZIP CODE:	
CITY:         STATE:           TELEPHONE NO.:         FAX NO.:           E-MAIL ADDRESS:         FAX NO.:		
STREET ADDRESS: CITY: STATE: TELEPHONE NO.: FAX NO.:		
CITY: STATE: TELEPHONE NO.: FAX NO.:		