CONFIDENTIAL

NC-221/NC-321/NC-521

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. : EMAIL ADDRESS: ATTORNEY FOR (*name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITION OF *(name of each petitioner):* FOR CHANGE OF NAME OR GENDER TO CONFORM TO GENDER IDENTITY	
PROOF OF SERVICE OF ORDER TO SHOW CAUSE **BY** ☐ PERSONAL DELIVERY ☐ MAILING (OUTSIDE CALIFORNIA ONLY)	CASE NUMBER:

1. At the time of mailing or personal delivery, I was at least 18 years of age and **not a party** to this proceeding.
2. My residence or business address is *(specify)*:

3. I personally delivered or mailed a copy of the (*title of document)*:

as follows *(complete either a or b):*

a. ☐ **Personal delivery.** I personally delivered a copy to the person served as follows:
   (1) Name of person served:
   (2) Address where delivered:

   (3) Date delivered:
   (4) Time delivered:

b. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.
   (1) I enclosed a copy in an envelope and mailed the sealed envelope to the person served by first-class mail, postage prepaid, return receipt requested, to the address outside of California listed below.
   (2) The envelope was addressed and mailed as follows:
      (a) Name of person served:
      (b) Address on envelope:

      (c) Date of mailing:
      (d) Place of mailing *(city and state)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Type or Print Name of Declarant

Signature of Declarant

For your protection and privacy, please press the Clear button after you have printed the form.

Print Save Clear