



**26th Judicial District
SelfServe Center**

**NAME CHANGE OF A
MINOR 16 OR 17 YEARS OLD**

DUE TO THE CHANGING NATURE OF THE LAW, the forms and instructions contained in this packet may become outdated. You should review and research statutes and rules of procedure referenced in the instructions to ensure that the forms are accurate and current.

IN NO EVENT will the SelfServe Center Staff, Clerk of Court or anyone contributing to the production of these forms, instructions or guidelines be liable for any indirect or consequential damages resulting from use of the forms or information provided to you by the SelfServe Center.

IF THERE ARE ANY QUESTIONS in your mind concerning these forms, or your legal rights, it is strongly recommended that you consult with an attorney.

USE THESE FORMS AT YOUR OWN RISK. THESE FORMS MAY OR MAY NOT BE APPROPRIATE IN YOUR PARTICULAR CASE. ANY DESIRED OUTCOME FROM THE USE OF THESE FORMS CANNOT BE PREDICTED OR GUARANTEED. IT IS STRONGLY RECOMMENDED THAT YOU SEEK LEGAL ADVICE!

Filing Fees are regulated by the North Carolina General Assembly, and are subject to change. Please consult with the Staff of the Civil Filing Department or the SelfServe Center for the most up to date fees.

THE FILING FEE FOR THIS ACTION IS: _____



PLEASE CAREFULLY READ THE FORMS AND INSTRUCTIONS CONTAINED IN THIS PACKET.

IF YOU HAVE ANY QUESTIONS, PLEASE CONSULT WITH AN ATTORNEY.

THESE ARE EDUCATIONAL FORMS DESIGNED TO ASSIST YOU, BUT YOU ARE REPRESENTING YOURSELF. PLEASE REVIEW AND FOLLOW THE DIRECTIONS TO IMPROVE YOUR PERFORMANCE IN YOUR CASE. FAILURE TO READ AND FOLLOW THE INSTRUCTIONS MAY ADVERSELY IMPACT YOUR CLAIM.

INTRODUCTION

What is this?

This packet of information is provided for individuals who wish to pursue a case without the assistance of an attorney. This is called a pro se or self represented case. If you are not sure that you want or need to go to court, please ask the SelfServe Center staff to direct you to numbers for lawyer referral services or the list of local attorneys willing to provide “unbundled services” (willing to represent you for a limited portion of your case on an hourly fee basis).

How will it help me?

If you do not plan to use an attorney, this packet will guide you through the process by providing the forms and filing instructions that you will need. Since you are representing yourself, it is YOUR responsibility to ensure that these are the correct and current forms for the nature of your case. Therefore, you should review and research the applicable laws and rules of procedure that apply to your type of case. If you are not able to do this, you should talk with an attorney. If at any point during the process you become confused or wish to proceed with the help of an attorney, contact the Mecklenburg County Bar Lawyer Referral Service (704) 375-0120 or the North Carolina Bar Lawyer Referral Service (800) 662-7660. The SelfServe Center also maintains a list of attorneys willing to provide “unbundled services.”

What does this mean?

Certain legal terms will be used throughout your proceeding. A complete legal glossary is available for your convenience in the SelfServe Center. If you still do not understand the term, consult a legal dictionary or the SelfServe Center staff. Staff CANNOT provide legal advice, but can provide procedural information and definitions of legal terminology.

What is a Name Change?

The packet available in the SelfServe Center allows a minor 16 or 17 to petition the court to legally change his/her name on their birth certificate.

Can or should I petition the court for a Name Change?

Please note that the SelfServe Center CANNOT provide legal advice. Therefore, we cannot tell you if you should petition, but we can tell you that you must follow the procedure explained in the following pages.

What do I do first?

1. **READ THROUGH THE ENTIRE PACKET BEFORE DOING ANYTHING.**
 - a. A child 16 or 17 years of age must go to the Sheriff's Department and have their fingerprints taken. The Permits Bureau Office of the Sheriff's Department is located at 715 E. 4th Street, Suite 200. The building is on the same side of the street as the jail and arrest processing facility, across the street from the current Criminal Courthouse and behind the historic Mecklenburg County Courthouse.
 - b. The fingerprint service is available Monday through Friday from 8 a.m. to 5 p.m. The cost is \$10, payable in the form of cash or money order. You will be asked to fill out a card which will be provided by the Sheriff's Office.
 - c. **An original fingerprint card is required for the State Criminal Record Check and an original fingerprint card required for the Federal Criminal Record Check.**
 - **You must request ink fingerprinting for the Federal Criminal Record Check.**
2. **State Bureau of Investigation (SBI)** procedures for requesting a Criminal Record Check.

An individual may obtain a copy of his or her criminal history record by submitting a written request to the:

North Carolina State Bureau of Investigation
Criminal Information and Identification Section
Attention: Application Unit – Right to Review
3320 Garner Road
Post Office Box 29500
Raleigh, North Carolina 27626-0500

The right to review request form must be accompanied by a certified check or money order in the amount of **\$14.00** payable to the North Carolina State Bureau of Investigation, and must contain proof of identity to include:

1. Complete name and address
 2. Race
 3. Sex
 4. Date of Birth
 5. Social Security Number – Optional
- This can be done by providing a copy of your North Carolina Driver's License and your Birth Certificate.

This procedure guarantees positive identification and insures that the individual receives a copy of his or her own record as currently maintained in the SBI computerized criminal history files.

For more information on how to obtain an acceptable criminal record check you may go to the following web addresses for each applicant or print the information on each website and provide a hard copy to each agency.

<http://www.ncdoj.gov/getdoc/d89eb538-15a7-4f65-aa96-8219428e64bd/Background-Checks.aspx> (State Criminal Record Check)

3. Federal Bureau of Investigation (FBI) procedure for requesting a Criminal Record Check.

Only you can request a copy of your Identification Record.

Individuals typically make this request for personal review, to challenge the information on record, to satisfy a requirement for adopting a child in the U.S. or internationally, or to satisfy a requirement to live, work, or travel in a foreign country (i.e., police certificate, letter of good conduct, criminal history background, etc.).

If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency. You should contact the agency requiring the background check or the appropriate state identification bureau (or state police) for the correct procedures to follow for obtaining an FBI fingerprint background check for employment or licensing purposes.

Step 1: Complete the [Applicant Information Form](#). The form can be obtained from <https://forms.fbi.gov/identity-history-summary-checks-review/q384893984839334.pdf>.

- Include your complete mailing address. Please provide your telephone number and/or e-mail address, if available.

Step 2: Obtain a set of your fingerprints.

- Provide the original fingerprint card. Previously processed cards or copies will not be accepted.
- Your name and date of birth *must be* provided on the fingerprint card. Fingerprints should be placed on a [standard fingerprint form \(FD-258\)](#) commonly used for applicant or law enforcement purposes. The standard fingerprint form can be obtained from <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/fd-258-1>.
- Include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions).
- If possible, have your fingerprints taken by a fingerprinting technician. This service may be available at a law enforcement agency.
- To ensure the most legible prints possible, refer to the [Recording Legible Fingerprints brochure](#). To access the brochure, go to http://www.fbi.gov/about-us/cjis/fingerprints_biometrics/recording-legible-fingerprints.

Step 3: Submit payment.

- Option 1: Obtain a money order or cashier's check for \$18 U.S. dollars made payable to the Treasury of the United States. Please be sure to sign where required.
- Option 2: Pay by credit card using the [Credit Card Payment Form](#). **Don't forget to include the expiration date of the credit card that you are using.** To access to credit card payment form, go to <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/credit-card-payment-form>.
- **Important note:** Cash, personal checks, or business checks WILL NOT be accepted.
- Payment must be for the exact amount.
- If the request is for multiple copies per person, include \$18 for each copy requested.

Step 4: Review the [FBI Identification Record Request Checklist](#) to ensure that you have included everything needed to process your request. To access the checklist, go to <http://www.fbi.gov/about-us/cjis/identity-history-summary-checks/identity-history-summary-request-checklist-1>.

Step 5: Mail the required items listed above—signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars for each person or copy requested—to the following address:

**FBI CJIS Division – Record Request
1000 Custer Hollow Road
Clarksburg, WV 26306**

Note: Although the FBI employs the most efficient methods for processing these requests, processing times may take approximately five to six weeks depending on the volume of requests received.

For more information on how to obtain an acceptable criminal record check you may go to the following web address for each applicant or print the information on each website and provide a hard copy to each agency.

<http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks> (Federal Criminal Record Check)

IMPORTANT REMINDERS BEFORE YOU BEGIN

Your case involves complicated legal issues! This packet describes the general process but it is impossible to cover everything that may affect your rights. If you get confused during the process, you should stop and seek advice from an attorney. The staff of the SelfServe Center, Clerk of Court, Judge, or Trial Court Administrator's Office CANNOT GIVE YOU LEGAL ADVICE! PLEASE...if you are thinking of contacting an attorney, do so as soon as possible. Waiting could decrease your chances of obtaining representation.

Lawyer Referral Services:

Mecklenburg County Bar Lawyer Referral Service: (704) 375-0120 or

www.meckbar.org

North Carolina Bar Lawyer Referral Service: (800) 662-7660

GENERAL INSTRUCTIONS

ATTENTION: *You may use these forms to change the name of a minor if both parents are giving consent to the name change. If you cannot get the consent of both parents, please consult an attorney.*

Forms located in this packet

- **Right to Review Request Form (SBI)**
- **Records Check Request Checklist (FBI)**
- **Applicant Information Form (FBI)**
- **Credit Card Payment Form (FBI)**
- **Petition for Name Change (Minor)**
- **Affidavit of Parental Consent**
- **Two (2) Affidavits of Character**
- **Affidavit of Outstanding Tax or Child Support**

STEP 1

Complete the **Petition for Name Change (Minor)** by typing or printing neatly using black ink. Please note that this form MUST be notarized.

STEP 2

ATTENTION: The non-petitioning parent **MUST** complete the **Affidavit of Parental Consent** even if he or she is not on the child's birth certificate. In the event that the other parent is deceased, a death certificate is necessary for proof. In the event the other parent cannot be found, and thus cannot complete the Affidavit, the name change **WILL NOT** be granted.

STEP 3

If the minor child is 16 or 17 years old, you must have two (2) **Affidavits of Character** from **RESIDENTS OF MECKLENBURG COUNTY** who **ARE NOT RELATED** to the minor child. Each **Affidavit** **MUST** be notarized.

STEP 4

If the minor child is 16 or 17 years old, complete the **Affidavit Regarding Outstanding Tax or Child Support Obligation** by typing or printing neatly using black ink. Please note that this form MUST be notarized.

ATTENTION: You will need to bring with you the following documents to the third floor of the Mecklenburg County Courthouse, Special Proceedings (Suite 3720):

- Petition for Name Change (Minor)
- Affidavit of Parental Consent
- Two (2) Affidavits of Character
- Affidavit Regarding Outstanding Tax or Child Support Obligation
- Birth Certificate (Certified Copy)
- Proof of Identification (Parent(s)) (driver's license, passport)
- Proof of Residency (Parent(s)) – Documents with your name and current address (utility bill, phone bill, cable bill)
- Filing fee in cash or money order

ATTENTION: All name changes are subject to a hearing. Even if all your documents have been filled out correctly, filed and the filing fee paid, your request to change the name of your minor child may be denied.

Please provide a self addressed stamped envelop, if you would like a copy of the order to be mailed to you. The clerk's office cannot notify parties when their order has been entered, so if they want a copy mailed to them they must include the self addressed, stamped envelope.

After you have the order that changes the name, you may need to change the name on public and private records including:

- | | |
|-------------------------|------------------------|
| a. Social Security Card | i. Doctors |
| b. Drivers License | j. Insurance Companies |
| c. Passport | k. State Tax Authority |
| d. Post Office | l. Clubs |
| e. IRS | m. Memberships |
| f. Voter Registration | n. Employer |
| g. Banks | o. Retirement plans |
| h. Credit Cards | |

You may also need to change your name on the following documents:

- | | |
|----------------------|----------------------|
| a. Will | d. Trust |
| b. Health Care Proxy | e. Power of Attorney |
| c. Living Will | f. Contracts |

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

COUNTY OF MECKLENBURG

BEFORE THE CLERK OF
SUPERIOR COURT
_____SP_____

IN RE: CHANGE OF NAME)

From: _____)
(Full name as shown on the birth certificate))

PETITION FOR
NAME CHANGE
(MINOR)

To: _____)
(Full name minor child desires to adopt))

TO THE MECKLENBURG COUNTY CLERK OF SUPERIOR COURT:

Now comes the Petitioner(s), _____ and
(Insert petitioner's full name)
_____, on behalf of the minor child and
(If applicable, insert other petitioner's full name)
petitions the Clerk of Superior Court pursuant to N.C.G.S. §§ 101-2 and 101-3 to enter an
order changing the name of said minor child named below.

In support of this petition, the Petitioner shows the clerk the following required
information:

1. The Petitioner is:
 - The minor child's:
 - Parent
 - Parents; **OR**
 - A minor child who is 16 or 17 years old

2. The Petitioner is a bona fide resident of, and domiciled in _____,
(County)
_____.
(State)

3. The Petitioner is seeking to change the minor child's name:

From: _____
(Minor child's full name as shown on the birth certificate)

To: _____
(Full name minor child desires to adopt)

4. The minor child was born in _____, _____, in
(City) (County)
_____ on _____.
(State) (Date of Birth)

5. The full name of the minor child's parents **as shown on the birth certificate** are:

Mother: _____

Father: _____

check if not shown on the birth certificate.

6. The reasons for requesting said name change are as follows:

7. Check one of the following:

The name of the minor child has not previously been changed by law

The name of the minor child was previously changed by law for the following reasons:

8. Check any of the following that are TRUE:

I am petitioning on behalf of said minor to change his/her name **AND**:

The parents shown on the birth certificate are both living and consent to the name change

Only the mother's name is shown on the birth certificate

One of the parents shown on the birth certificate is deceased

I am a minor, age 16 or 17, seeking to change my name with the consent of my custodial parent; **AND**

My father is not listed on the birth certificate

My non-custodial parent is deceased

My non-custodial parent has abandoned me

THEREFORE, the Petitioner(s) prays the Clerk the following: That the minor child's name be changed:

FROM: _____

(Minor child's full name as shown on the birth certificate)

TO: _____

(Full name minor child desires to adopt)

Respectfully submitted, this the _____ day of _____, 20__.

Petitioner's signature _____

Petitioner's address _____

City _____ State _____ Zip Code _____

Petitioner (2)'s signature _____

Petitioner's address _____

City _____ State _____ Zip Code _____

VERIFICATION
(Must be signed in front of a Notary Public)

STATE OF NORTH CAROLINA)
)
COUNTY OF MECKLENBURG)

I, _____, being first duly sworn, depose and say that
(Petitioner insert full name here)

I have read the foregoing Petition and that facts therein are true to my belief and knowledge.

(Petitioner's signature to be signed in the presence of a Notary Public)

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public

My commission expires: _____.

STATE OF NORTH CAROLINA

IN THE GENERAL COURT
OF JUSTICE

COUNTY OF MECKLENBURG

BEFORE THE CLERK OF
SUPERIOR COURT
_____ SP _____

IN RE: CHANGE OF NAME)

From: _____)

To: _____)

**AFFIDAVIT OF
PARENTAL CONSENT**

I, _____, the natural (mother/father) of the above-referenced
Circle one

minor child, do hereby give my full consent to change _____'s
name to _____. I request that the relief requested in Petition
for Name Change (Minor) on file be granted.

DATED this _____ day of _____, 20_____.

Non-petitioning parent's signature

Sworn to and subscribed before me this _____
Day of _____, 20_____.

Notary Public
My commission expires:

STATE OF NORTH CAROLINA

IN THE GENERAL COURT
OF JUSTICE

COUNTY OF MECKLENBURG

BEFORE THE CLERK OF
SUPERIOR COURT
_____ SP _____

IN RE: CHANGE OF NAME)

)

)

From: _____)

)

To: _____)

**AFFIDAVIT OF
CHARACTER**

I, being duly sworn, depose and say:

1. I am a resident of Mecklenburg County, State of North Carolina.
2. I have known the Minor Child of Petitioner for _____ years. I personally know the Minor Child of Petitioner to be a person of good character and that the Minor Child of Petitioner has a reputation as a person with good character and good standing in the community.

Dated: _____

Signature: _____

Name: _____

Address: _____

Sworn to and subscribed before me this _____

Day of _____, 20____.

Notary Public

My commission expires:

STATE OF NORTH CAROLINA

IN THE GENERAL COURT

OF JUSTICE

COUNTY OF MECKLENBURG

**BEFORE THE CLERK OF
SUPERIOR COURT**

_____ **SP** _____

IN RE: CHANGE OF NAME

)

)

)

From: _____)

)

To: _____)

**AFFIDAVIT OF
CHARACTER**

I, being duly sworn, depose and say:

1. I am a resident of Mecklenburg County, State of North Carolina.

2. I have known the Minor Child of Petitioner for _____ years. I personally know the Minor Child of Petitioner to be a person of good character and that the Minor Child of Petitioner has a reputation as a person with good character and good standing in the community.

Dated: _____

Signature: _____

Name: _____

Address: _____

Sworn to and subscribed before me this _____

Day of _____, 20____.

Notary Public

My commission expires:

MECKLENBURG COUNTY IN THE GENERAL COURT OF JUSTICE
NORTH CAROLINA SUPERIOR COURT DIVISION
 PROCEEDING BEFORE THE CLERK OF COURT

– SP –

IN THE MATTER OF THE) AFFIDAVIT REGARDING
NAME CHANGE OF:) OUTSTANDING TAX OR
) CHILD SUPPORT OBLIGATIONS
 ,)
 Minor.)

The undersigned, being first duly sworn, deposes and says:

1. That the applicant is a bona fide resident of, and domiciled in, the county where the change of name is sought.
2. The petitioner (Does) / (Does Not) have an outstanding tax obligation.
Circle one
3. The petitioner (Does) / (Does Not) have an outstanding child support obligation. *Circle one*

This the _____ day of _____, 20____.

Signature of Petitioner

Sworn to and subscribed before me this _____
day of _____, 20____.

Notary Public
My commission expires: