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Return to:

PFHA

1003 Twilight Trail, Suite 2

Frankfort, KY 40601

IN RE: CHANGE OF NAME FOR _____

COME(S) THE PETITIONER(S), (*choose one*):

_____ and _____
living parents of the above-captioned minor (minor refers to child under age 18, see KRS 401.020); **or**

_____, surviving parent of above-captioned minor; **or**

_____, guardian of above-captioned minor; **or**

above-captioned adult, **AND IN SUPPORT OF THIS PETITION STATE(S):**

1.The original name is _____

2.The desired name change is _____

3.Birthdate (MM/DD/YY) of minor/adult is _____

4.Birth location (city, county, state) of minor/adult is: _____

5. Minor/Adult currently resides in the county in which this Petition is filed. His/Her address is:

6. Purpose of desired name change is: _____

_____. I understand identity theft is a Class D Felony in Kentucky. KRS 514.160. I am not requesting this name change to avoid a legal obligation or evade prosecution.

7. **For petition of minor with two living parents:** Per KRS 401.020, if a parent refuses or is unavailable to execute this Petition, proper notice of its filing shall be made on absent parent pursuant to the Rules of Civil Procedure.

Father: _____

Address: _____

Mother: _____

Address: _____

Dated: _____

Petitioner's Signature: _____