

STATE OF RHODE ISLAND
County of Providence

PROBATE COURT OF
THE CITY OF PROVIDENCE

CHANGE OF NAME

The undersigned petitioner request the following name change: [] self [] minor

Current Name

Current Street Address

City/Town

State

Zip

Mailing address (if different)

Name on Original Birth Record: _____

Date of Birth: _____

Place of Birth: _____

Mother's Name (Maiden): _____

Father's Name: _____

Petitioner's Occupation: _____

The petitioner resided at the following addresses:

Reason for name change (be specific): _____

Petitioner requests a name change to: _____

If applicable, the name on the birth record should be changed to:

If minor:

Father's Signature

Mother's Signature

Petitioner's Signature _____

Petition Granted: _____

Date

Probate Judge