

**IN THE DISTRICT COURT OF THE STATE OF
WASHINGTON IN AND FOR THE COUNTY OF SPOKANE**

In the Matter of the Petition of

Petitioner (Current Full Legal Name)

NO. _____

**PETITION FOR *EX PARTE*
CHANGE OF NAME
CONFIDENTIAL INFORMATION
SHEET**

1. DATE OF BIRTH:

Month Day Year

2. RESIDENTIAL ADDRESS:

Street

City State Zip

Phone

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statements in this petition are true and correct.

Signed at Spokane County, Washington on this the ____ day of _____, _____.

Petitioner's Signature

Print Petitioner's Name