

IN THE SOUTHERN UTE INDIAN TRIBAL COURT ON THE SOUTHERN UTE INDIAN RESERVATION, COLORADO 149 CR517 PO Box 737 Ignacio, CO 81137 (970) 563-0240	
IN MATTER OF: Petitioner: And Co-Petitioner/ Respondent:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg. #:	
PETITION FOR CHANGE OF NAME (ADULT)	

The above named Petitioner respectfully petitions this Court for a change of name and in support, the Petitioner states the following;

1. My current full name is _____
First Middle Last
2. My date of Birth: _____
(mm/dd/yyyy)
3. I am 18 years of age or older. Yes No.
4. I reside within the exterior boundaries of the Southern Ute Indian Reservation, Colorado.
Yes No
5. I am an enrolled member of the Southern Ute Indian Tribe, my census number is: _____
6. I wish to change my name to _____
First Middle Last
7. The reason I want to change my name is _____

The proposed change of name would be proper and not detrimental to the interest of any other person and is solely for the best interest of the petitioner.

Notice of this change of name will be published in the Southern Ute Drum, a newspaper of general circulation throughout the Southern Ute Indian Reservation two (2) times within a period of thirty (30) days of the Court Order.

WHEREFORE, Petitioner respectfully requests this Honorable Court order the name change.

I, _____, swear/affirm under oath that I have read the foregoing Petition and that the statements contained in this Petition are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

Mailing Address

City, State, Zip Code

Telephone #: (home) (work) (cell)

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20__.

Deputy Court Clerk/Notary

My commission expires: _____

(seal)