


IN THE SOUTHERN UTE INDIAN TRIBAL COURT ON THE SOUTHERN UTE INDIAN RESERVATION, COLORADO 149 CR 517; 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. #:	Case Number:
PETITION FOR CHANGE OF NAME (MINOR CHILD)	

1. Information regarding the minor child:

Full Name of Minor Child (First, Middle and Last)	Mailing Address	Date of Birth

2. The minor child is an enrolled member of the Southern Ute Indian Tribe, child census number is: _____

3. The minor child resides within the exterior boundaries of the Southern Ute Indian Reservation. Yes No

4. I _____ wish to change the name of the minor child
to: _____
 First Middle Last

5. My relationship to the child is _____

6. The reason for the change of name is _____

7. The child is is not the subject of a child support, allocation of parental responsibilities, or parenting time action. If so, please identify (case number) _____ (type of case) _____ and (name of Court) _____
8. Notice of Petition is required to the non-custodial parent. Provide information of Non-custodial parent.

Full Name	Physical/Mailing Address	City, State, Zip

The proposed change would be proper and not detrimental to the interests of any other person and in the best interest of the minor child.

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)