TODAY'S	DATE:	



QUESTIONNAIRE FOR NAME CHANGE (ADULT)

Your Full Name (First, M	iddle, Last):		llor acc. st	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
Work Phone Number:			Home P	Home Phone Number:				
Cellular Phone Number:			Email:	Email:				
Specify Your Proposed N	lame (First,	Middle, Las	st):					
Place of Birth (City/State	e or Country	·):						
Place of Residence:								
State the Reason for the		- 10						
LIST ANY OTHER NAME 1. 2.	ES THAT YOU	J USE, INCL	UDING MAIDE	EN NAME, BIRT				
3.								
DATE OF BIRTH:	AGE:	SEX:	HEIGHT:	WEIGHT:	HAIR:	EYES:		
DRIVER LICENSE NO.	STATE	EXPIRATION DATE:		SOCIAL SECURITY NO.		U.S. CITIZEN YESNO		
SCARS, MARKS OR TAT	TOOS: IF YE	S, DESCRIB	E.					
I certify the above infor	mation is co	orrect.						
Signature:	-1-1		Da	ate:				

SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CLARA

CLETS BACKGROUND INFORMATION FORM

Pursuant to CCP 1279.5, the court is required to conduct a background investigation to determine whether an applicant for a name change is under the jurisdiction of the California Department of Corrections or is required to register as a sex offender (PC 290). To conduct this investigation, the following form must be completed. In the process of completing this form, please print your information. If any section does not apply to you, please indicate "DNA".

LAST NAME:	FIRST NAME:				MIDDLE NAME:			
LIST ANY OTHER NAM	ES THAT	YOU USE, INCLUDING	MAIDEN	NAME,	BIRTH NAME O	R NICKNAMES:		
1.			<u></u> .					
2.								
3.								
RESIDENCE:	STREET	STREET ADDRESS: CITY/STAT			ZIP		PHONE NUMBER:	
MAILING ADDRESS IF DIFFERENT FROM RESIDENCE:					BUSINESS PHONE:			
DATE OF BIRTH:	AGE:	PLACE OF BIRTH: (STATE OR COUNTR		SEX:	HEIGHT:	WEIGHT:	HAIR:	EYES:
DRIVER LICENSE NO.:	STATE	EXPIRATION DATE:		SOCIAL SECURITY NO.:		U.S. CITIZEN:		
	То				YES 🗔			NO 🔲
SCARS, MARKS OR TATTOOS: IF YES, DESCRIBE.								
I certify the above inform	mation is	correct.						
Signature Date:								
FOR COURT USE ONLY:				D	DATE SENT TO SHERIFF:			
CASE NUMBER:				D	DATE DUE BACK TO SUPERIOR COURT:			
DATE OF APPLICATION: HEARING DATE:								

