

FLORIDA'S NAME CHANGE KIT:

A GUIDE FOR TRANSGENDER INDIVIDUALS
SEEKING TO AMEND THEIR IDENTITY
DOCUMENTS TO CONFORM TO THEIR NEW
LEGAL NAME AND GENDER DESIGNATION

PUBLISHED BY
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&
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Florida's Name Change Kit

A guide for transgender individuals seeking to amend their identity documents
to conform to their new legal name and gender designation.

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PREFACE

This publication contains information to guide transgender individuals in Florida through the process of legally changing one's name and obtaining a new birth certificate, driver's license and other name identity documents. This process does not require the assistance of an attorney, although one may be helpful. This publication does not constitute legal advice and the information contained in this publication may not completely meet your individual needs. Only an attorney can give you legal advice after discussing your particular situation with you.

The National Center for Lesbian Rights (NCLR) is a national legal resource center committed to advancing the rights and safety of lesbian, gay, bisexual, and transgender people and their families through litigation, public policy advocacy, and public education.

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INTRODUCTION

Why get a legal name change?

It may be necessary for a transgender person to get a court ordered name change for a number of reasons. Presenting official identification such as a birth certificate, driver's license, social security card or school identification card with a name and picture inconsistent with a person's current gender identity may create difficult situations on a regular basis. Essentially, presenting this identification immediately "outs" an individual as transgender, which could result in harassment, embarrassment, and even violence. It may also create problems when traveling, applying for jobs or registering for classes at school. A court ordered name change can help alleviate some of these problems.

Do I need an attorney?

An attorney is not necessary to obtain a legal name change. This is a process you can do yourself. However, every situation is different, so if you have questions or concerns about these forms or your legal rights, we strongly recommend that you talk to an attorney. If you would like a referral to an attorney in your area who can assist you in this process, please call NCLR at 727.490.4260.

What if I am a minor?

If you are under the age of eighteen, you must complete a different set of forms specifically created for minors who wish to change their name. These forms are included in Appendix A. If you are under 18, you must have your parent or legal guardian's permission in order to petition for a legal name change.

How much will it cost?

The cost of a legal name change will vary from county to county. As of August 2006, the filing fee in Hillsborough County was \$255.00. You must file a name change petition in the county in which you live. Call the Clerk of the Court for your county to find out the exact cost and what forms of payment are accepted. A phone and address list for the Clerk of the Court in each Florida County is included in Appendix B. There may be additional fees to change your identity documents such as your birth certificate, driver's license, etc.

How long will it take?

This will vary from county to county. Generally, it takes two to three months for the entire process, depending on how busy the judge's schedule is.

LEGAL NAME CHANGE - WHAT IS THE PROCESS?

Filing your case and setting your hearing date

In some states, a person can change their name through what is known as "common usage" - by simply using the new name for a specified period of time. However, Florida is NOT a state that recognizes common usage name changes.

In order to legally change your name in Florida, you must file a case with the Circuit Court for the county in which you live. Contact the Clerk of Court for your county (Clerk of Court phone and address list included in Appendix B) to find out where you need to file your name change case. In most counties, you will file your case at the Clerk of Court's office, which is usually located in the county courthouse or a branch of the county courthouse.

The petition

A case begins by filing a petition with the court. A petition is a written request to the court

to take some type of legal action (such as legally changing your name). The person who originally asks the court to take legal action is called the petitioner; you are the petitioner in your name change case.

To begin the process, print out the sample name change petition included in Appendix C. You must complete the petition, filling in all of the blank spaces typing or writing in black ink.

At the top of the petition (in the heading), the form requires you to list the name of the petitioner. You should list your current legal name, not the new name you wish the court to accept, because at this stage your name change has not yet been granted. In the heading you must also list the judicial circuit, division and case number. The Clerk of Court's office can tell you which judicial circuit and division your case will be filed in. Your case number will be assigned when you file your case.

When you have completely filled out the petition (with everything except the case number), you must sign the petition in the presence of a notary public. If you do not know anyone who is a notary public, most banks have someone who can notarize documents for a small fee. After the petition has been notarized, you are almost ready to file the petition with the Clerk of the Court in the county where you live.

Civil Cover Sheet

When you file your petition, you must include what's called a Civil Cover Sheet. A sample Civil Cover Sheet is included in Appendix D. In the heading of the Civil Cover Sheet, type or write the name of the court (Circuit Court in and for ____ County in the ____ Judicial Circuit), the Case No. (the Clerk of Court can assist you with this), and your current legal name where it says Plaintiff. In Section II, "Type of Case", check the box for "Other Domestic Relations" and write in "Name Change". In Section III check "No", no jury trial demanded. At the bottom of the form you must list the date you file your petition and sign the form where indicated, listing your address and phone number also.

Assistance from nonlawyer

If anyone other than a lawyer licensed to practice law in Florida helps you fill out any of your name change forms, the 'nonlawyer' must also fill out a 'Disclosure from Nonlawyer' form, which is included in Appendix E. Nonlawyers include not only friends and relatives, but also paralegals, legal assistants and attorneys who are not currently licensed to practice law in the State of Florida. Both you and the nonlawyer must sign the disclosure form. The nonlawyer must also put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete. You must file the Disclosure from Nonlawyer form along with your petition for name change.

Filing fee

When you file your petition, Civil Cover sheet (and if applicable, Disclosure from Non-lawyer form) with the Clerk of Court, you will be required to pay a filing fee. The filing fee varies from county to county; for example, as of August 2006, the filing fee in Hillsborough County was \$255.00. Contact the Clerk of Court to find out what the filing fee is in your county. Once you have completed this step, a case number will be assigned and an official court file will be opened. You have now filed your name change case.

Set hearing date

After you file your case, you must set a hearing date for the court to consider your petition. The procedures for setting a hearing date vary from county to county, so you should ask the Clerk or Court about the procedure in your area. Depending on the judge, you may or may

not be required to attend a final hearing, where the judge may ask you basic questions about your petition for name change to ensure that you are not attempting to change your name for illegal or fraudulent purpose, such as to avoid creditors or to hide from law enforcement authorities. In general, you may change your name for any purpose that is not a fraudulent purpose. It is not a fraudulent purpose to change your name to one that is more compatible with your gender identity or expression.

Final judgment

Appendix F contains a 'Final Judgment of Change of Name (Adult)' form, which the judge may use to finalize your name change. Check with the Clerk of Court to see if your judge prefers for you to bring a final judgment form with you. If so, you should type or print the heading, including the circuit, county, case number, division, and your current legal name (not the new name you are asking the court to accept). Leave the rest of the form blank for the judge to complete. If the judge grants your petition, he or she will sign the Final Judgment form, which is also called a final order. This officially changes your name.

Certified copies of final order

For a small fee, the Clerk of the Court can provide you with certified copies of the signed final order. The amount of the fee may vary from county to county. It may be helpful to compile a list of all of the people and/or places that will need a certified copy of your final judgment. This list may include the driver's license office, social security office, banks, schools, etc. Making a list may help you figure out how many copies you will need and may save you time and another trip to the courthouse to get extra copies later.

Paperwork

You should keep a copy of all paperwork you file with the court as well as all of the documents the court and the clerk's office provide to you.

What is the "Real ID Act" and how does it impact transgender people?

The Real ID Act is a federal law passed in 2005 in an effort to address security concerns about terrorists. The Act requires all states to amend their state ID laws within 3 years to comply with new federal requirements. If a state does not comply with the federal requirements, that state's ID's will not be accepted for any federal purpose (including airport screening). This law is the government's first attempt at creating a pseudo-national ID. Among the requirements are that states must make electronic copies of all documents used to support a license or state ID application (this will likely include applications to change name and gender markers also) and to make these copies available in a national database. We do not yet know all of the groups who will have access to this national database, but state and local law enforcement officials will have this access. This law will NOT impact any identity documents you already have. For more information on the Real ID Act, please see the article co-written by the National Center for Transgender Equality and the Transgender Law Center which is attached as Appendix G.

CHANGING OTHER IDENTITY DOCUMENTATION TO REFLECT CHANGES

After the court grants your petition for name change, you will probably want to apply to change your other identity documents to reflect your new name. In order to change these other documents, you will need a certified copy of your final judgment of name change.

Florida's Driver's License or Identification Card

You are required by Florida law to obtain a replacement driver's license or Florida ID card showing your new name within 10 days of legally changing your name.

To amend name on driver's license or state ID card

Getting a replacement driver's license or identification card is very simple. You must provide a certified copy of your Final Judgment of Name Change and pay the required fee and they will issue a new driver's license or id card.

To amend gender marker on driver's license or state ID card

In Florida, the Department of Motor Vehicles will not change the gender marker on your driver's license unless you have completed sex reassignment surgery.

To change the gender marker on your driver's license, you must provide either a certified copy of your amended birth certificate indicating your reassigned sex, or a letter or affidavit from your attending physician certifying that you have completed sex reassignment surgery and that you are now the reassigned gender (sample physician's affidavit attached in Appendix H).

Amendment fees

The Department of Motor Vehicles charges a \$10 fee to amend a driver's license.

Where to apply

You can apply to change your driver's license at your local driver's license office.

Additional information may be obtained at www.hsmv.state.fl.us

Social Security Card

After you have received your legal name change, you may apply to change your name on your social security card.

The Social Security Administration will issue a new social security card with your new name, but will NOT issue you a new social security number; they will merely amend your card to reflect your new name. Therefore, employers and others who conduct a search using your social security number may locate documents that reflect your prior name.

To amend name on social security card

To change your social security card to reflect your new legal name, you must complete Form SS-5, which is included in Appendix I. You must also provide at least one identity document that identifies you by your old name and your new name, such as a certified copy of your Final Judgment of Name Change, or two identity documents: one in your old name and one in your new name. All of these identifying documents must have a photo of you on them and the new name must match the name on the new document which also bears your current photograph. You will also need proof of your US citizenship or proof that you are lawfully in the US.

The Social Security Administration will accept the following documents as proof of identity: driver's license, marriage or divorce record, military records, employer ID card, adoption record, life insurance policy, passport, health insurance card (not Medicare), or a school ID card. They do NOT accept birth certificates. All documents must be either originals or certified copies. The social security office will NOT accept photocopies of documents, even if notarized.

To amend gender marker on social security card

To change your social security records to reflect your reassigned gender, you must provide the identity documentation described above plus medical records or other combination of documents showing that you have completed sex reassignment surgery. Your surgeon or

attending physician must provide a letter verifying that your sex reassignment surgery has been completed. A note of caution, there is no guidance to the offices as to what "sex change surgery has been completed" means or how that may differ depending on the individual.

Amendment fees

There is no fee to change your name or gender marker with the Social Security Administration. If you were born outside of the U.S., you may also be required to show proof of U.S. citizenship or lawful alien status before they will grant the new social security card.

Where to apply

You may mail your application to the social security office or bring your application and supporting documents to your local Social Security office. Your documents will be returned to you. You can find a social security office near you by looking in the phone book or online at <http://www.ssa.gov/locator/>.

You should receive your new social security card within two weeks. If you do not receive your card within two weeks, you should contact the Social Security office where you filed the application.

Birth Certificates

Birth certificate records are kept by the state in which you were born. For specific information about how to amend your birth certificate to reflect your name change if you were born in a state other than Florida, contact the Department of Vital Records or equivalent agency in the state in which you were born, or go to www.drbecky.com/birthcert.html for a state by state listing of the requirements to amend a birth certificate.

To amend name on Florida birth certificate

If you were born in Florida, you may amend your birth certificate to reflect your new legal name. If your legal name change was granted by a Florida court, the Clerk of Court will forward a report of legal change of name to the Florida Department of Health, Office of Vital Statistics, usually within 30 days. The name change order will then be attached to your original birth certificate. If you wish to receive a copy of your amended birth certificate, you must complete an Application for Amended Birth Certificate (sample form included in Appendix J) and pay the \$20 amendment fee. For more information, contact the Department of Vital Statistics at 904.359.6900.

If your legal name change was completed in a state other than Florida, you must first "domesticate" (register) your "foreign" (out of state) name change judgment with the Florida Courts.

"Domesticating" a "foreign" name change judgment

To Domesticate a Foreign Judgment, a.k.a. register your legal name change with the Florida courts, you must file a new case with the Florida Clerk of Court in the County in which you currently live or the County in which you were born. The process you must follow is very similar to the Name Change process described above under the heading "Legal Name Change - What is the Process." You may want to review that section now.

To register your out-of-state name change with the Florida Courts, you must start a new case by filing with the Clerk of Court a Civil Cover Sheet (sample attached as Appendix D), a Petition to Domesticate Foreign Judgment (sample attached as Appendix K), a certified

copy of your legal name change from another state, and the appropriate filing fee. On the Civil Cover Sheet, you should list your legal name that was approved by the Court in another state. In Section II of the Civil Cover Sheet, "Type of Case", check "Other Domestic Relations" and write in "Domesticate Foreign Judgment."

Check with the Clerk of Court to determine whether it will be necessary for you to schedule a hearing with the judge and if the judge prefers for you provide a sample Order (sample Order to Domesticate Foreign Judgment attached as Appendix L). Once the judge has granted your request to domesticate your foreign name change, you may wish to purchase several certified copies for your records. Be sure to keep a copy of all documents you file with the court. Once you have received your Order to Domesticate Foreign Judgment, you are ready to apply to the Department of Vital Statistics to amend your birth certificate.

To amend your birth certificate to reflect your name change, you must complete an Application for Amended Birth Certificate and an Affidavit of Amendment to Certificate of Live Birth (forms DH429 and DH430) (sample forms included in Appendix J). You must include a certified copy of your name change order granted by another state, a certified copy of your Order Domesticating (registering) your Foreign Judgment (name change), and pay the \$20 amendment fee.

To amend gender marker on Florida birth certificate

If you were born in Florida and have had sex reassignment surgery, you may also amend the gender marker on your birth certificate to reflect your reassigned gender. To amend your Florida birth certificate, you must fill out an Application for Amended Birth Certificate and an Affidavit of Amendment to Certificate of Live Birth (forms DH 429 and DH430)(sample forms included in Appendix J). To complete your application, you must provide the Department with the following original documents (photo copies are not accepted):

- A completed Application for Amended Birth Certificate, form DH429.
- A notarized Affidavit of Amendment to Certificate of Live Birth, form DH430. You must complete this form and then sign it in front of a notary public.
- A certified copy of the court order granting your name change under Florida law or a substantially similar law from another state.
- A sworn affidavit from the physician who performed your sex reassignment surgery. The physician must include his/her medical license number in the affidavit. The physician's affidavit must state that you have completed sex reassignment in accordance with appropriate medical procedures and that you are now considered to be a member of the reassigned gender. The medical records must be signed by the physician who performed the sex reassignment surgery. A sample physician's affidavit is included in Appendix H.
- You must pay the required amendment fee and the gender marker on your birth certificate will be amended to reflect your reassigned gender in accordance with Florida law.

Amendment fees

A non-refundable \$20.00 amendment fee is currently required to amend your birth certificate and includes one certified copy of your amended birth certificate. You must pay by check or money order made payable to Vital Statistics.

If you are changing both your name and your gender on the birth certificate, a separate \$20 fee is required for each change -- \$20 for the name change and \$20 to change the gender marker.

For additional assistance, call the Office of Vital Statistics at 904/359-6900 ext. 1055 or e-mail the office at VitalStats@doh.state.fl.us.

Where to apply

You should mail your completed Application for Amended Birth Certificate, along with all supporting documentation and fees, to: Department of Health, Office of Vital Statistics, P.O. Box 210, Jacksonville, FL 32231-0042.

What amended birth certificate will look like

Your amended birth certificate will state that it is an amended birth certificate and will note the date the change occurred, but will not indicate what items were changed or why they were changed. In Florida, birth records are not freely accessible by the general public. Such information will remain private unless subpoenaed by a court or unless requested by you or your parent or legal guardian.

Passport

If you have a U.S. passport and would like to amend your existing passport to reflect your new name and/or reassigned gender, you must fill out and submit the Passport Amendment/Validation Application, also called form DS-19, located in Appendix M.

To amend name on passport

With Court order or decree

You must submit a completed form DS-19 along with a certified copy of your Final Judgment of Change of Name and your current valid passport. Photocopies and notarized copies are NOT acceptable. Your amended passport and any documentary evidence will be returned to you via first class U.S. mail after the process is completed.

Without Court order or decree

You must submit a completed form DS-19 along with evidence that you have publicly and exclusively used the adopted name over a long period of time.

To amend gender marker on passport

Postoperative Applicant

You will be required to submit a completed DS-19 form as well as documentation in the form of appropriate medical documentation from either the attending physician or hospital demonstrating that the surgery has taken place.

Preoperative Applicant

You will be required to submit a completed DS-19 form as well as documentation in the form of a detailed statement from your physician or surgeon including past medical history relating to the gender identity, such as past psychological and hormonal treatment, the treatment stage you are currently in, and the expected approximate date of your surgery.

A note of caution, you can only apply this way once in your lifetime and it will only last for 1 year, so you should try to plan ahead considering when you need the passport, when you expect to have the surgery, and when you apply for the passport.

There is a tendency for the State Dept. to "endorse" or simply "stamp over" the previous gender marker on the passport. The stamp will indicate that the gender marker has been changed on a particular date. This happens whenever the passport is valid for a few more years. To get around this you may opt to apply for a new passport and avoid the stamp.

Amendment fees

There is no fee to amend your name on your passport unless you require expedited service. The expedited service fee is \$60.00. More information on expedited service can be found on the instruction page following form DS-19 in Appendix M.

Should you require a change of gender marker there is a fee of \$97 to have a new passport issued.

Where to apply

You may amend your passport at your local passport office or mail the required documents to the following address:

Charleston Passport Center

Attention: Amendments
1269 Holland Street
Charleston, SC 29405

Selective Service

If you have legally changed your name and would like to have your selective service card changed to reflect that, you need only to write the correction onto the card, sign and date it, and mail it to the Selective Service with attached supporting documentation.

If designated female at birth

If you were designated female at birth and have had sex reassignment surgery, you do not need to register with the Selective Service. However, if you are applying for federal benefits that require proof of Selective Service registration (including educational loans), you will need to show that you were never required to register. People designated female at birth are never required to register. You can prove this by requesting a "Status Information" letter from the Selective Service System (Request for Status Information Letter' form attached in Appendix N). You must explain in detail why you believe you were not required to register for the selective service (you were designated female at birth, were diagnosed with Gender Identity Disorder [OR] an intersexed condition and have now completed sex reassignment). You should also include supporting documentation, such as a letter of affidavit from your treating physician (sample physician's affidavit included in appendix H) and a copy of your original birth certificate (with female gender marker).

Complete the Request for Status Information Letter' form and submit it along with all supporting documentation to:

Selective Service System

P.O. Box 94638
Paletine, IL 60094-4638

If designated male at birth

If you were designated male at birth, even if you had sex reassignment surgery, you must register with the Selective Service. However, in the event the draft is resumed, you can file a claim for exemption from military service if you receive an order for an examination or induction. Additional information can be obtained at the Selective Service System's website at: www.sss.gov.

APPENDIX - Download Forms

Appendix A:
Minor Name Change Forms

(Instructions and Forms begin on following page.)

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.982(c),
PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))


When should this form be used?



This form should be used when parents want the court to change the name of their minor child(ren). For the purposes of this proceeding, a person under the age of 18 is a minor. This form is not to be used in connection with an adoption or paternity action. If you want a change of name for your child(ren) because of an adoption or paternity action that is not yet final, the change of name should be done as part of that case.


This form should be typed or printed in black ink. The primary petition should only be completed for one child. If you wish to change the names of more than one child, you should complete and file a Supplemental Form for Petition for Change of Name (Minor Child) for each child. The supplemental form is an attachment to the petition. **Be sure that the bottom of each page of each supplemental form is initialed by the petitioner(s).** You must obtain a copy of the child(ren)'s fingerprints taken by a law enforcement agency and attach it to the petition. There may be a charge for the fingerprinting which you will have to pay. After completing this form, you should sign the form before a notary public or deputy clerk. You should file the original with the clerk of the circuit court in the county where you live and keep a copy for your records.

What should I do next?

If **both** parents agree to the change of name and live in the county where the change of name is sought, you may both file as petitioners. In this situation, service is not necessary, and you need only to set a hearing. You should ask the clerk of court, family law intake staff, or judicial assistant about the local procedure for setting a hearing.

If only one parent is a resident of the county where the change of name(s) is sought or only one parent asks for the child(ren)'s name(s) to be changed, the other parent must be notified and his or her consent obtained, if possible. If the other parent consents to the change of name, a **Consent for Change of Name (Minor Child(ren))**,  Florida Supreme Court Approved Family Law Form 12.982(d), should be filed.

If the other parent does not consent to the change of name, you may still have a hearing on the petition if you have properly notified the other parent about your petition and the hearing. If you know where he or she lives, you must use personal service. If you absolutely do not know where he or she lives, you may use constructive service. For more information about personal and constructive service, you should refer the **"General Instructions for Self-Represented Litigants"** found at the beginning of these forms and the instructions to  Florida Family Law Rules of Procedure Forms 12.910(a) and 12.913(b) and  Florida Supreme Court Approved Family Law Form 12.913(a). However, the law regarding constructive service is very complex and you may wish to consult an attorney regarding that issue.

Next, you must obtain a final hearing date for the court to consider your request. You should ask the clerk of court, family law intake staff, or judicial assistant about the local procedure for setting a hearing. You may be required to attend the hearing. Included in these forms is a **Final Judgment of Change of Name (Minor Child(ren))**,  Florida Supreme Court Approved Family Law Form 12.982(e), which may be used when a judge grants a change of name for a minor child(ren). If you attend the hearing, you should take the final judgment with you. You should complete the top part of the form, including the circuit, county, case number,

division, and the name(s) of the petitioner(s) and leave the rest blank for the judge to complete. It should be typed or printed in black ink.

If the judge grants your petition, he or she will sign this order. This officially changes your child(ren)'s name(s). The clerk can provide you with certified copies of the signed order. There will be charges for the certified copies, and the clerk can tell you how much those charges are.


Where can I look for more information?

Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms. For further information, see section 68.07, Florida Statutes.

Special notes...

The heading of the form calls for the name(s) of the petitioner(s). This is the parent(s) who is (are) requesting the change of their child(ren)'s name(s). The judicial circuit, case number, and division may be obtained from the clerk of court's office when you file the petition.

It may be helpful to compile a list of all of the people and places that will need a copy of the final judgment. This list may include the driver's license office, social security office, banks, schools, etc. A list will help you know how many copies of your order you should get from the clerk of court after your hearing.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

IN RE: THE NAME CHANGE OF

Petitioner/Father,

Petitioner/Mother.

PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))

I/We, {full legal name(s)} _____, being sworn,
certify that the following information is true:

I am/We are the birth or legal parent(s) of the minor child(ren) named in this petition.

[☒ only one]

- _____ a. There is only one minor child named in this petition.
_____ b. There are {enter number of children} _____ children named in this petition. The
information on the first child is entered below. I/We have attached the completed supplemental
forms for each other child.

A copy of the child/children's fingerprints taken by a law enforcement agency is attached to this petition.

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # 1:

1. **Minor child's complete present name is:**

I/We request that this minor child's name be changed to:

2. The minor child lives in _____ County, Florida, at {street address} _____

3. The minor child was born on {date} _____, in {city, county, state, country} _____

4. The minor child's father's full legal name: _____
The minor child's mother's full legal name: _____
The minor child's mother's maiden name: _____

5. The minor child has lived in the following places since birth:

Dates (to/from)	Address
/	
/	
/	
/	
/	
/	

☐ Check here if you are continuing these facts on an attached page.

6. [☒ one only]

_____ The minor child is not married.

_____ The minor child is married to: {full legal name} _____

7. [☒ one only]

_____ The minor child has no children.

_____ The minor child is the parent of the following child(ren): {enter full name(s) and date(s) of birth} _____

8. **Former names.**

[☒ all that apply]

_____ The minor child's name has never been changed by a court.

_____ The minor child's name previously was changed by court order from _____
to _____ on {date} _____
by {court, city, and state} _____

A copy of the court order is attached.

_____ The minor child's name previously was changed by marriage from _____
to _____ on {date} _____
in {city, county, and state} _____

A copy of the marriage certificate is attached.

_____ The minor child has never been known or called by any other name.

_____ The minor child has been known or called by the following other name(s): {list name(s) and explain where child was known or called by such name(s)} _____

9. The minor child is not employed in an occupation or profession, does not own and operate a business, and has received no educational degrees. If the minor child has a job, explain: _____

10. **Criminal History.**

[☒ one only]

_____ The minor child has never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

_____ The minor child has a criminal history. In the past, the minor child was arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of the criminal history are: _____

Date	City/State	Event (arrest, charge, plea, or adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

11. Money Judgments.

[☒ one only]

_____ The minor child has never been adjudicated bankrupt, and no money judgment has ever been entered against him or her.

_____ The following money judgment(s) has been entered against him or her:

Date	Amount	Creditor	Court entering judgment and case number	✓ if Paid
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

THE FOLLOWING INFORMATION IS TRUE ABOUT PETITIONER(S):

12. Petitioner(s) live in _____ County, Florida, at {street address} _____.

13. I/We have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

14. My/our civil rights have never been suspended, or, if ever suspended, they have been fully restored.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner/Father

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

____ Personally known
____ Produced identification
____ Type of identification produced _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner/Mother
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or clerk.]

____ Personally known
____ Produced identification
____ Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [~~do~~ fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____,
{state} _____, {phone} _____, helped {name(s)} _____,
who is (are) the petitioner(s), fill out this form.

SUPPLEMENTAL FORM FOR PETITION FOR CHANGE OF NAME (MINOR CHILD(REN))

Case No.: _____

THE FOLLOWING INFORMATION IS TRUE ABOUT CHILD # _____:

1. Minor child's complete present name is: _____

I/We request that minor child's name be changed to: _____

2. The minor child lives in _____ County, Florida, at {street address} _____

3. The minor child was born on {date} _____, in {city, county, state, country} _____

4. The minor child's father's full legal name: _____

The minor child's mother's full legal name: _____

The minor child's mother's maiden name: _____

5. The minor child has lived in the following places since birth:

Dates (to/from)

Address

☐ Check here if you are continuing these facts on an attached page.

6. [☒ one only]

_____ The minor child is not married.

_____ The minor child is married to: {full legal name} _____

7. [☒ one only]

_____ The minor child has no children.

_____ The minor child is the parent of the following child(ren): {enter name(s) and date(s) of birth} _____

8. **Former names**

[☒ all that apply]

_____ The minor child's name has never been changed by a court.

_____ The minor child's name previously was changed by court order from _____
to _____ on {date} _____

PETITIONER(S) MUST INITIAL HERE _____

MINOR CHILD # _____, continued

by {court, city, and state} _____.

A copy of the court order is attached.

_____ The minor child's name previously was changed by marriage from _____
to _____ on {date} _____
in {city, county, and state} _____.

A copy of the marriage certificate is attached.

_____ The minor child has never been known or called by any other name.

_____ The minor child has been known or called by the following other name(s): {list name(s) and
explain where child was known or called by such name(s)} _____

9. The minor child is not employed in an occupation or profession, does not own and operate a
business, and has received no educational degrees. If the minor child has a job, explain: _____

10. **Criminal History**

[☒ one only]

_____ The minor child has never been arrested for or charged with, pled guilty or nolo contendere to or
been found to have committed a criminal offense, regardless of adjudication.

_____ The minor child has a criminal history. In the past, the minor child was arrested for or charged
with, pled guilty or nolo contendere to, or been found to have committed a criminal offense,
regardless of adjudication. The details of the criminal history are:

Date	City/State	Event (arrest, charge, plea, or adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

11. **Money Judgments**

[☒ one only]

_____ The minor child has never been adjudicated bankrupt, and no money judgment has ever been
entered against him or her.

_____ The following money judgment(s) has (have) been entered against him or her:

Date	Amount	Creditor	Court entering judgment and case number	<input checked="" type="checkbox"/> if Paid
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

PETITIONER(S) MUST INITIAL HERE _____

INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.982(d),
CONSENT FOR CHANGE OF NAME (MINOR CHILD(REN))

When should this form be used?

This form should be used when one parent consents to the other parent's petition to change the name of their minor child(ren). A parent who is not a petitioner in the case but is consenting to the change of name should complete this form and sign it in front of a notary public or deputy clerk.

This form should be typed or printed in black ink. After this form is signed and notarized, you should file it with the clerk of the circuit court in the county where the petition was filed and keep a copy for your records. This form should be attached to the **Petition for Change of Name (Minor Child(ren))**, ☐ Florida Supreme Court Approved Family Law Form 12.982(c), if obtained prior to the filing of the petition. Otherwise, it may be filed separately after it has been completed.

Where can I look for more information?

Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms. For further information see section 68.07, Florida Statutes, and the instructions for **Petition for Change of Name (Minor Child(ren))**, ☐ Florida Supreme Court Approved Family Law Form 12.982(c), or **Petition for Change of Name (Family)**, ☐ Florida Supreme Court Approved Family Law Form 12.982(f).

Special notes...

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, ☐ Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

IN RE: THE NAME CHANGE OF

Petitioner.

CONSENT FOR CHANGE OF NAME (MINOR CHILD(REN))

I, {full legal name} _____, being sworn, certify that
the following information is true:

I am the birth or legal () father () mother of the minor child(ren) named in this case, and I give
consent for the following name changes:

Minor child(ren)'s complete present name(s):	Minor child(ren)'s name(s) to be changed to:
(1) _____	(1) _____
(2) _____	(2) _____
(3) _____	(3) _____
(4) _____	(4) _____
(5) _____	(5) _____
(6) _____	(6) _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims
made in this consent and that the punishment for knowingly making a false statement includes fines
and/or imprisonment.

Dated: _____

Signature of Consenting Parent

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or
clerk.]

____ Personally known

____ Produced identification

____ Type of identification produced _____

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE
BLANKS BELOW:** [~~do~~ fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the [☒ one only] _____ petitioner or _____ consenting parent, fill out this form.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

IN RE: THE NAME CHANGE OF

Petitioner/Father,

Petitioner/Mother.

FINAL JUDGMENT OF CHANGE OF NAME (MINOR CHILD(REN))

This cause came before the Court on {date} _____, for a hearing on Petition for Change of Name under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner(s) is (are) a bona fide resident(s) of _____ County, Florida;
2. _____ Petitioners are the parents of the minor child(ren) named in the petition;
3. _____ Petitioner is the parent of the minor child(ren) named in the petition, and the other parent has been properly notified and has either consented or failed to respond;
_____ Other: _____

_____;
3. Petitioner's request is not for any ulterior or illegal purpose; and
4. Granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that the minor child(ren)'s
present name(s)

(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____

be changed to

(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____

by which minor child(ren) shall hereafter be known.

ORDERED ON _____

CIRCUIT JUDGE

Appendix B:
List of County Clerk of Court offices in Florida

**Appendix B:
List of County Clerk of Court offices in Florida**

Alachua County

201 E University Ave.
Gainesville, FL 32601-0600
Ph: 352/491-4423
Fax: 352/338-3201

Baker County

339 E Macclenny Ave., Ste.
113
Macclenny, FL 32063
Ph: 904/259-8113
Fax: 904/259-4176

Bay County

300 E 4th St.
Panama City, FL 32401
Ph: 850/763-9061
Fax: 850/747-5188

Bradford County

945 N Temple Ave.
Starke, FL 32091
Ph: 904/964-6280
Fax: 904/964-4454

Brevard County

P.O. Box 219
Titusville, FL 32780-0219
Ph: 321/637-2017
Fax: 321/264-6940

Broward County

201 S.E. 6th St. Rm. 136
Ft. Lauderdale, FL 33301
Ph: 954/831-5504
Fax: 954/831-7047

Calhoun County

20859 E Central Ave., Rm 130
Blountstown, FL 32424
Ph: 850/674-4545
Fax: 850/674-5553

Charlotte County

350 E Marion Ave.
Punta Gorda, FL 33951-1687
Ph: 941/505-4716
Fax: 941/505-4749

Citrus County

110 N Apopka Ave.
Inverness, FL 34450-4299
Ph: 352/341-6481
Fax: 352/341-6491

Clay County

825 N Orange Ave.
Green Cove Springs, FL 32043
Ph: 904/284-6317
Fax: 904/284-6390

Collier County

3301 Tamiami Trail E
Naples, FL 34112
Ph: 239/732-2745
Fax: 239/775-2755

Columbia County

173 N.E. Hernando Ave.
Lake City, FL 32055
Ph: 386/758-1342
Fax: 386/719-7457

Desoto County

115 E Oak St.
Arcadia, FL 34266-2401
Ph: 863/993-4876
Fax: 863/993-4669

Dixie County

214 N.E. 351 Hwy., Ste. M
Cross City, FL 32628-1206
Ph: 352/498-1200
Fax: 352/498-1201

Duval County

330 E Bay St. Rm 103
Jacksonville, FL 32202-2919
Ph: 904/630-2039
Fax: 904/630-2950

Escambia County

190 Governmental Ctr., Rm
23001
Pensacola, FL 32502
Ph: 850/595-4310
Fax: 850/595-4316

Flagler County

201 E Moody Blvd.
Bunnell, FL 32110
Ph: 386/437-7410
Fax: 386/586-2113

Franklin County

33 Market St., Ste. 203
Apalachicola, FL 32320
Ph: 850/653-8861 x 103
Fax: 850/653-2261

Appendix B:
List of County Clerk of Court offices in Florida

Gadsden County

10 E Jefferson St.
Quincy, FL 32351
Ph: 850/875-8601
Fax: 850/875-8612

Gilchrist County

112 S Main St.
Trenton, FL 32693
Ph: 352/463-3170
Fax: 352/463-3166

Glades County

500 Avenue J, Ste. 102
Moore Haven, FL 33471
Ph: 863/946-6010
Fax: 863/946-0560

Gulf County

1000 Cecil G. Costin Sr. Blvd.,
Rm 148
Port St. Joe, FL 32456
Ph: 850/229-6113
Fax: 850/229-1990

Hamilton County

207 N.E. 1st St., Rm 106
Jasper, FL 32052
Ph: 386/792-1288
Fax: 386/792-3524

Hardee County

417 W Main St., Rm 214
Wauchula, FL 33873
Ph: 863/773-4174
Fax: 863/773-3295

Hendry County

25 Hickpochee Ave.
LaBelle, FL 33935
Ph: 863/675-5217
Fax: 863/675-5238

Hernando County

20 N Main St., Rm 130
Brooksville, FL 34601
Ph: 352/754-4206
Fax: 352/754-4239

Highlands County

590 S Commerce Ave.
Sebring, FL 33870-3867
Ph: 863/402-6565
Fax: 863/402-6768

Hillsborough County

601 E Kennedy Blvd., 13th
floor
Tampa, FL 33602
Ph: 813/276-8100 x 3806
Fax: 813/272-6518

Holmes County

201 N Oklahoma St.
Bonifay, FL 32425
Ph: 850/547-1100
Fax: 850/547-6630

Indian River County

2000 16th Ave.
Vero Beach, FL 32960
Ph: 772/770-5185
Fax: 772/778-4748

Jackson County

4445 Lafayette St.
Marianna, FL 32446
Ph: 850/482-9552
Fax: 850/482-7849

Jefferson County

County courthouse Rm 10
Monticello, FL 32344
Ph: 850/342-0218
Fax: 850/342-0222

Lafayette County

120 W Main St.
Mayo, FL 32066
Ph: 386/294-1600 x 4230
Fax: 386/294-4231

Lake County

550 W Main St.
Tavares, FL 32778-3115
Ph: 352/742-4100
Fax: 352/742-4110

Lee County

1700 Monroe St.
Fort Myers, FL 33901
Ph: 239/533-5000

Leon County

301 S Monroe St.
Tallahassee, FL 32301
Ph: 850/577-4000
Fax: 850/577-4013

**Appendix B:
List of County Clerk of Court offices in Florida**

Levy County

335 Court St.
Bronson, FL 32621
Ph: 352/486-5266
Fax: 352/486-5166

Manatee County

1115 Manatee Ave. W
Bradenton, FL 34206
Ph: 941/749-1800
Fax: 941/741-4082

Miami-Dade County

73 W Flagler St., Ste. 242
Miami, FL 33130
Ph: 305/349-7333
Fax: 305/349-7403

Okaloosa County

101 E James Lee Blvd., Rm
210
Crestview, FL 32536
Ph: 850/689-5821
Fax: 850/689-5832

Osceola County

2 Courthouse Sq., Ste. 2000
Kissimmee, FL 34741
Ph: 407/343-3500
Fax: 407/343-3699

Pinellas County

315 Court St.
Clearwater, FL 33756
Ph: 727/464-3341
Fax: 727/464-4162

St. John's County

41010 Lewis Speedway
St. Augustine, FL 32095
Ph: 904/819-3600
Fax: 904/819-3661

Liberty County

P.O. Box 399
Bristol, FL 32321
Ph: 850/643-2215
Fax: 850/643-2866

Marion County

110 NW 1st Ave.
Ocala, FL 34475
Ph: 352/671-5604
Fax: 352/671-5600

Monroe County

500 Whitehead St.
Key West, FL 33040
Ph: 305/294-4641 x 3314
Fax: 305/295-3663

Okeechobee County

312 NW 3rd St.
Okeechobee, FL 34974
Ph: 863/763-2131
Fax: 863/763-1557

Palm Beach County

301 N Olive, 9th floor
West Palm Beach, FL 33401
Ph: 561/355-2996
Fax: 561/355-6727

Polk County

255 N Broadway
Bartow, FL 33830
Ph: 863/534-4593
Fax: 863/534-4584

St. Lucie County

2300 Virginia Ave.
Fort Pierce, FL 34982
Ph: 772/462-6900
Fax: 772/462-1614

Madison County

101 S Range St.
Madison, FL 32340
Ph: 850/973-1500
Fax: 850/973-3471

Martin County

100 E Ocean Blvd
Stuart, FL 34994
Ph: 772/288/5736
Fax: 772/288-5548

Nassau County

76347 Veterans Way
Yulee, FL 32097
Ph: 904/548-4600
Fax: 904/548-4508

Orange County

425 N Orange Ave., Ste.
2110
Orlando, FL 32801
Ph: 407/836-2000
Fax: 407/836-2269

Pasco County

38053 Live Oak Ave.
Dade City, FL 33523-3894
Ph: 352/521-4274
Fax: 352/847-8121

Putnam County

410 St. John's Ave.
Palatka, FL 32177
Ph: 386/329-0361
Fax: 386/329-0888

Santa Rosa County

6495 Caroline St., Ste. A
Milton, FL 32570
Ph: 850/983-1974
Fax: 850/983-1986

Appendix B:
List of County Clerk of Court offices in Florida

Sarasota County

2000 Main St.
Sarasota, FL 34237
Ph: 941/861-7609
Fax: 941/861-7453

Seminole County

P.O. Box 8099
Sanford, FL 32772
Ph: 407/665-4335
Fax: 407/330-7193

Sumter County

209 N Florida St.
Bushnell, FL 33513
Ph: 352/793-0211
Fax: 352/568-6608

Suwanee County

200 S Ohio Ave.
Live Oak, FL 32064
Ph: 386/362-0526
Fax: 386/362-0567

Taylor County

108 N Jefferson St.
Perry, FL 32347
Ph: 850/838-3506
Fax: 850/838-3549

Union County

55 W Main St., Rm 103
Lake Butler, FL 32054
Ph: 386/496-3711
Fax: 386/496-1718

Volusia County

101 N Alabama Ave.
Deland, FL 32721
Ph: 386/822-5710
Fax: 386/822-5711

Wakulla County

3056 Crawfordville Hwy.
Crawfordville, FL 32327
Ph: 850/926-0905
Fax: 850/926-0938

Walton County

571 US Hwy 90 E
DeFuniak Springs, FL 32435
Ph: 850/892-8120
Fax: 850/892-8711

Washington County

1293 Jackson Ave.
Chipley, FL 32428
Ph: 850/638-6289
Fax: 850/638-6297

Appendix C:
Petition for Change of Name (Adult)

(Instructions and Forms begin on following page.)


INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM 12.982(a),
PETITION FOR CHANGE OF NAME (ADULT)

When should this form be used?

This form should be used when an adult wants the court to change his or her name. This form is **not** to be used in connection with a divorce action. If you want a change of name because of a dissolution of marriage that is not yet final, the change of name should be done as part of that case.

This form should be typed or printed in black ink. You must obtain a copy of your fingerprints taken by a law enforcement agency and attach it to the petition. There may be a charge for the fingerprinting which you will have to pay. After completing this form, you should sign the form before a notary public or deputy clerk. You should file the original with the clerk of the circuit court in the county where you live and keep a copy for your records.

What should I do next?

Next, you must obtain a hearing date for the court to consider your request. You should ask the clerk of court, family law intake staff, or judicial assistant about the local procedure for setting a hearing. You may be required to attend the final hearing. Included in these forms is a **Final Judgment of Change of Name (Adult)**,  Florida Supreme Court Approved Family Law Form 12.982(b), which the judge may use. You should check with the clerk, family law intake staff, or judicial assistant, to see if you need to bring a final judgment form with you. If so, you should type or print the heading, including the circuit, county, case number, division, and the parties' names, and leave the rest blank for the judge to complete at your hearing or trial.

If the judge grants your petition, he or she will sign this order. This officially changes your name. The clerk can provide you with certified copies of the signed order. There will be charges for the certified copies, and the clerk can tell you how much those charges are.


Where can I look for more information?

Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms. For further information, see section 68.07, Florida Statutes.

Special notes...

The heading of the form calls for the name of the petitioner. Your current name should go there, as you are the one who is asking the court for something. The judicial circuit, case number, and division may be obtained from the clerk of court's office when you file the petition.

It may be helpful to compile a list of all of the people and/or places that will need a copy of your final judgment. This list may include the driver's license office, social security office, banks, schools, etc. A list will help you know how many copies of your order you should get from the clerk of court after your hearing.

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also

must put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

IN RE: THE NAME CHANGE OF

_____,
Petitioner.

PETITION FOR CHANGE OF NAME (ADULT)

I, {full legal name} _____, being sworn, certify that
the following information is true:

1. My complete present name is: _____
I request that my name be changed to: _____

2. I live in _____ County, Florida, at {street address} _____

3. I was born on {date} _____, in {city} _____, {county} _____,
{state} _____, {country} _____

4. My father's full legal name: _____
My mother's full legal name: _____
My mother's maiden name: _____

5. I have lived in the following places since birth:

Dates (to/from)	Address
/	
/	
/	
/	
/	
/	
/	
/	
/	
/	

☐ Check here if you are continuing these facts on an attached page.

6. Family

[✓ all that apply]

_____ a. I am not married.

_____ b. I am married. My spouse's full legal name is: _____

- ___ c. I do not have child(ren).
 ___ d. The name(s), age(s), and address(es) of my child(ren) are as follows (all children, including those over 18, must be listed):

Name {last, first, middle initial}	Age	Address, City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

7. **Former names**

[√ all that apply]

- ___ My name has never been changed by a court.
 ___ My name previously was changed by court order from _____
 to _____ on {date} _____
 by {court, city, and state} _____
 A copy of the court order is attached.
 ___ My name previously was changed by marriage from _____
 to _____ on {date} _____
 in {city, county, and state} _____
 A copy of the marriage certificate is attached.
 ___ I have never been known or called by any other name.
 ___ I have been known or called by the following other name(s): {list name(s) and explain where you were known or called by such name(s)} _____

8. **Occupation**

My occupation is: _____
 I am employed at: {company and address} _____

During the past 5 years, I have had the following jobs:

Dates (to/from)	Employer and employer's address
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____
____/____/____	_____

☐ Check here if you are continuing these facts on an attached page.

9. **Business**

[√ one only]

- ___ I do not own and operate a business.
 ___ I own and operate a business. The name of the business is: _____
 The street address is: _____
 My position with the business is: _____

I have been involved with the business since: {date} _____.

10. Profession

[√ one only]

_____ I am not in a profession.

_____ I am in a profession. My profession is: _____.

I have practiced this profession:

Dates (to/from)	Place and address
_____/_____/____	_____
_____/_____/____	_____
_____/_____/____	_____
_____/_____/____	_____

☐ Check here if you are continuing these facts on an attached page.

11. Education

I have graduated from the following school(s):

Degree Received	Date of Graduation	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

12. Criminal History

[√ one only]

_____ I have never been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication.

_____ I have a criminal history. In the past I have been arrested for or charged with, pled guilty or nolo contendere to, or been found to have committed a criminal offense, regardless of adjudication. The details of my criminal history are:

Date	City/State	Event (arrest, charge, plea, or adjudication)
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if you are continuing these facts on an attached page.

13. Bankruptcy

[√ one only]

_____ I have never been adjudicated bankrupt.

_____ I was adjudicated bankrupt on {date} _____, in {city} _____, {county} _____, {state} _____.

☐ Check here if you have filed additional bankruptcies, and explain on an attached page.

14. **Creditor(s)' Judgments**

[☒ one only]

☐ I have never had a money judgment entered against me by a creditor.

☐ The following creditor(s)' money judgment(s) have been entered against me:

Date	Amount	Creditor	Court entering judgment and case number	✓ if Paid
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

☐ Check here if these facts are continued on an attached page.

15. **Fingerprints**

A copy of my fingerprints taken by a law enforcement agency is attached to this petition.

16. I have no ulterior or illegal purpose for filing this petition, and granting it will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

17. My civil rights have never been suspended, or, if my civil rights have been suspended, they have been fully restored.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____.

Signature of Petitioner

Printed Name:

Address:

City, State, Zip:

Telephone Number:

Fax Number:

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

☐ Personally known

☐ Produced identification

☐ Type of identification produced _____

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE
BLANKS BELOW:** [*do* fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the petitioner, fill out this form.

**Appendix D:
Civil Cover Sheet**

**Form 1.997
Civil Cover Sheet**

The civil cover sheet and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statute 25.075.

I. CASE STYLE

(Name of Court) _____

Plaintiff _____

Case #: _____

Judge: _____

VS

Defendant _____

II. TYPE OF CASE (Place an X in one box only. If the case fits more than one type of case, select the most definitive.)

Domestic Relations	Torts	Other Civil
<input type="checkbox"/> Simplified Dissolution <input type="checkbox"/> Dissolution <input type="checkbox"/> Support – IV-D <input type="checkbox"/> Support Non IV-D <input type="checkbox"/> URESA-IV-D <input type="checkbox"/> URESA – Non-IV-D <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Other Domestic Relations _____	<input type="checkbox"/> Professional Malpractice <input type="checkbox"/> Products Liability <input type="checkbox"/> Auto Negligence <input type="checkbox"/> Other Negligence	<input type="checkbox"/> Contracts <input type="checkbox"/> Condominium <input type="checkbox"/> Real Property/ Mortgage Foreclosure <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other _____

III. Is Jury Trial Demanded in Complaint? ☐ Yes ☐ No

DATE: _____

SIGNATURE OF ATTORNEY FOR PARTY
INITIATING ACTION:

Appendix E:
Disclosure from Nonlawyer form

(Instructions and Forms begin on following page.)

APPENDIX

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(a), DISCLOSURE FROM NONLAWYER

When should this form be used?

This form must be used when anyone who is not a lawyer in good standing with The Florida Bar helps you complete any Florida Family Law Form. Attorneys who are licensed to practice in other states but not Florida, or who have been disbarred or suspended from the practice of law in Florida, are nonlawyers for the purposes of the Florida Family Law Forms and instructions.

The nonlawyer must complete this form and both of you are to sign it before the nonlawyer assists you in completing any Family Law Form.

In addition, on any other form with which a nonlawyer helps you, the nonlawyer shall complete the nonlawyer section located at the bottom of the form unless otherwise specified in the instructions to the form. This is to protect you and be sure that you are informed in advance of the nonlawyer's limitations.

What should I do next?

A copy of this disclosure, signed by both the nonlawyer and the person, must be given to the person and the nonlawyer must keep a copy in the person's file. The nonlawyer must keep copies for at least six years of all forms given to the person being assisted.

Special notes...

This disclosure form does NOT act as or constitute a waiver, disclaimer, or limitation of liability.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

DISCLOSURE FROM NONLAWYER

{Name} _____, told me that he/she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. {Name} _____, informed me that he/she is not a paralegal and cannot call himself/herself a paralegal.

{Name} _____, told me that he/she may only type the factual information provided by me in writing into the blanks on the form. {Name} _____, may not help me fill in the form and may not complete the form for me. If using a form approved by the Supreme Court of Florida, {name} _____, may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[✓ one only]

___ I can read English.

___ I cannot read English, but this disclosure was read to me [fill in both blanks] by

{name} _____ in {language} _____, which I understand.

Dated: _____

Signature of Party

Signature of NONLAWYER

Printed Name: _____

Name of Business: _____

Address: _____

Telephone Number: _____

Appendix F:
Final Judgment of Name Change (Adult)

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

IN RE: THE NAME CHANGE OF

_____,
Petitioner.

FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

This cause came before the Court on {date} _____, for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner is a bona fide resident of _____ County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

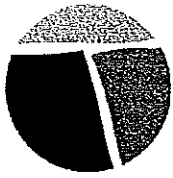
ORDERED that Petitioner's present name, _____,
is changed to _____, by which
Petitioner shall hereafter be known.

ORDERED ON _____.

CIRCUIT JUDGE

COPIES TO:
Petitioner

Appendix G:
The Real ID Act: Bad Law for Our Community



National Center for
Transgender Equality

1325 Massachusetts Ave., NW, Suite 600
Washington, DC 20005
(202) 639-6332
www.nctequality.org
mkeisling@nctequality.org



Advocating for our community

160 14th Street
SF, CA 94103
(415) 865-0176
www.transgenderlawcenter.org
info@transgenderlawcenter.org

The Real ID Act: Bad Law for Our Community

The “so-called” Real ID Act (H.R. 418) contains a number of provisions of concern for our community. The first is its impact on asylum applicants. The second is its requirements for new, uniform policies in regards to state identification documents.

While the bill may have originally been conceived from legitimate security concerns about terrorists utilizing false identification documents, the resulting Act seems to do little more than a) scapegoat immigrants, b) burden already over stretched state budgets, and c) likely create additional problems for transgender people trying to legitimately acquire or change identification documents.

Since the Act was only recently signed into law, it is unclear what its exact effects will be. Clearly, it creates additional barriers for asylum applicants at the same time that it narrows judicial review of administrative denials of applications. It also creates, for the first time, national standards for state identity documents, moving us as close as the current political climate will allow us to a national identity document. These national standards are likely to have unintended consequences for people seeking identification that corresponds to their gender identity. **Importantly, states have three years to comply with the identification provisions of the Act; it does not in anyway invalidate identification you already have.**

Below, we detail some of the possible and likely outcomes of this law and highlight the ways in which it could be used to harm our community, intentionally or unintentionally.

Transgender Immigrants Seeking Asylum

Due to positive court decisions recognizing the scope of persecution that transgender people face in countries around the world, asylum has become a very important program for members of our community. Hundreds of transgender people who suffered persecution in their home country and/or who would suffer persecution if they were returned to their home country have been granted asylum in the last five years. However, following in the wake of negative actions taken by Congress in the mid-90s, the Real ID Act further narrows who can qualify for asylum.

The Act gives asylum officers broad discretion in requesting that “the applicant should provide evidence which corroborates otherwise credible testimony.” In other words, the asylum seeker may be required to seek proof of persecution from those in their home country who have been their persecutors. In the past, such evidence was not necessary so long as the applicant was deemed credible by the asylum officer.

For transgender asylum applicants, this discretion could be particularly harmful. Most asylum officers do not receive training about transgender issues and therefore are ill-equipped in evaluating a transgender applicant’s claim. Asylum officers have been known to ask transgender applicants irrelevant questions about their sex lives or their “coming out” experience (a concept that does not exist in all cultures or countries). The applicant oftentimes has a hard time answering these questions due to their irrelevance or inapplicability. In a post-Real ID Act world, these offices will be more likely to request corroborating evidence when the answers they get to these questions are not sufficient.

At the same time that officers are exercising this discretion, courts will have less power to review incorrect decisions. The Real ID Act limits the ability of a judge to determine credibility for themselves unless the judge determines that an applicant’s testimony is so strong that “a reasonable trier of fact is compelled to conclude that such corroborating evidence is unavailable.” This standard is one that few, if any, applicants will be able to meet through testimony alone.

Identity Documents

The Real ID Act also creates, for the first time, broad requirements that individual states must meet in order to have their identification documents recognized for all federal purposes. This means that if a state is found not to be in compliance with the requirements of the Real ID Act a person’s drivers license or state identification card from that state may be rejected by federal airport screeners, federal benefit providers (Medicaid or Medicare for instance), and even security guards at federal facilities.

The requirements mandate the types of documents that can be used for obtaining (and possibly renewing) a license or ID card.¹ They also require states to verify these documents – a process that will require undeterminable amounts of personnel hours and expense. Finally, they require all licenses to contain a minimum amount of information and a magnetic data strip on the back.

The requirements also force states to make electronic copies of all documents used to support a license or state ID application. It is likely that states will also make copies of documents used to change the name and/or gender marker on a license. These electronic copies will then be available in a national database to an undefined group of people. State, and local law enforcement officials (as well as federal officials probably) will have access to these records. These electronic records must be available for at least 10 years.

¹ To meet the requirements of this section, a State shall require, at a minimum, presentation and verification of the following information before issuing a driver’s license or identification card to a person: (A) A photo identity document, except that a non-photo identity document is acceptable if it includes both the person’s full legal name and date of birth. (B) Documentation showing the person’s date of birth. (C) Proof of the person’s social security account number or verification that the person is not eligible for a social security account number. (D) Documentation showing the person’s name and address of principal residence.

Fortunately, the Act does not specifically address the ability of a state to issue licenses that reflect a person's gender identity. This means that most states that currently issue licenses post-transition can continue to do so. However, the chilling effect of this legislation and the severe consequences of being found to be out of compliance may lead some states that have had fairly liberal policies to tighten those policies significantly.

Conclusion

While it is far too early to determine exactly how this new law will be used, the current administration has proven a lack of concern for the needs of transgender people in the United States. Therefore, it is likely that under the current administration this expansion of discretion in the asylum context and imposition of brand-new requirements in the identification context will likely create additional barriers for our community.

As the Departments of Homeland Security and Justice create policies and rules around the implementation of "Real ID", NCTE and TLC will continue to monitor the use of this law and the effects it has on our community. Even now, a broad coalition is forming to curb the worst excesses of the Real ID Act. We encourage everyone to push their elected representatives to be active participants in this effort.

For the actual language of the Real ID Act, go to www.nctequality.org/documents/Real_ID.asp.

This document relies heavily on research conducted by the ACLU's Lesbian and Gay Rights Project. NCTE and TLC thank them for their continued efforts on behalf of transgender communities throughout the U.S. We also take sole responsibility for any errors in this document.

Appendix H:
Sample Physician's Affidavit re. changing gender marker
on identity documents such as driver's license, passport,
etc.

**AFFIDAVIT OF DR. [FIRST AND LAST NAME OF PHYSICIAN WHO PERFORMED SEX
REASSIGNMENT SURGERY]**

I, [FIRST AND LAST NAME], M.D., swear under penalty of perjury as follows:

1. I am a physician with offices located at: [OFFICE ADDRESS(ES)]
2. I am a surgeon duly licensed to practice in [LIST LOCATIONS WHERE LICENSED TO PRACTICE]. My medical license number is [LIST LICENSE NUMBER].
3. My patient, [PATIENT'S NAME], has been diagnosed with [Gender Identity Disorder, also known as transsexualism, [OR] an intersexed condition]. [PATIENT'S NAME] has been treated in accordance with the accepted medical protocol for the treatment of [Gender Identity Disorder [OR] intersexed conditions] and has completed sex reassignment in accordance with appropriate medical procedures.
4. On [DATE] I performed sex reassignment surgery on [PATIENT'S NAME]. From a medical perspective, [PATIENT'S NAME] is now [REASSIGNED GENDER] and the gender marker on all of [PATIENT'S NAME]'s identity documents should now be changed to acknowledge this medical fact.

I hereby declare under oath that the above statements are true and correct:

(PHYSICIAN'S SIGNATURE)

(DATE)

___ Personally known

___ Produced identification

Type of identification produced:

SUBSCRIBED AND SWORN BEFORE ME THIS

_____ day of _____, 2_____

(PRINTED NAME OF NOTARY)

(NOTARY SIGNATURE)

COMMISSION/SEAL:

Appendix I:
Social Security Form SS-5

(Instructions and Forms begin on following page.)

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO APPLY FOR:

- An **original** Social Security card
- A **replacement** Social Security card
- A **change of information** on your record

IMPORTANT: You **MUST** provide the required evidence before we can process the application. Follow the instructions below to provide the information and evidence we need.

- STEP 1** Read the instructions on this application. They contain important information about documents that can be submitted as evidence, and how to complete and submit the application.
- STEP 2** Complete and sign the application using **BLUE** or **BLACK INK**. **Do not** use pencil or other colors of ink. Please write legibly. If you print this application from our website, you must print it on 8 1/2" x 11" white paper (if you live abroad and cannot obtain 8 1/2" x 11" paper, A4 size paper (8.25" x 11.7") is the only acceptable alternative).
- STEP 3** Submit the completed and signed application with all required evidence to a Social Security office.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can mail or take this application with your evidence documents to any Social Security office. However, if you live in an area serviced by a Social Security Card Center, you may need to visit the Social Security Card Center in person for all SSN related business. We will return your documents to you.

IMPORTANT: If you are age 12 or older and have never been assigned a Social Security number before, you **MUST** apply in person.

If you have any questions about this form, or about the evidence documents we need, please visit our website at www.socialsecurity.gov. Visiting our Internet site will help you make sure you have everything you need to apply for a card or change information on your record. You may also call Social Security at 1-800-772-1213 or contact your local office. You can find your nearest office or Social Security Card Center in your local phone directory or on our website.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. **DO NOT** carry the card with you. Keep it in a secure location and only take it with you when you must show the card, e.g. to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. **DO NOT** allow others to use your Social Security number as their own.

ABOUT YOUR EVIDENCE DOCUMENTS

You must provide the required documents based on your type of request. There will be situations when we must verify a document with the issuing agency. If your documents do not meet these requirements, we cannot process your application.

- We need **ORIGINAL** documents or copies certified by the custodian of the record. We will return your documents after we have seen them.
- We cannot accept photocopies or notarized copies of documents.
- See **EVIDENCE DOCUMENTS WE NEED TO SEE** on page 3.

ORIGINAL CARD: To apply for an original card, you will need to provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen or do not have current lawful, work-authorized immigration status, you **MUST** prove that you have a valid nonwork reason for requesting a card. (See **HOW TO COMPLETE THIS APPLICATION**, Page 2, Item 3.)

REPLACEMENT CARD: To apply for a replacement card, you must prove your identity (See **IDENTITY**, Page 3). If you were born outside of the U.S., you will also need to prove your U.S. citizenship or current lawful, work-authorized immigration status.

CHANGE OF INFORMATION: If you need to correct information on your SSN card, or information shown in our records (e.g., a name change, or corrected date of birth), you will need to prove your identity and provide documents that support the change and establish the reason for the change (e.g., a birth certificate to show your corrected date or place of birth). A name change document (e.g., marriage document) must identify you by both your old and new names. If it does not have enough identifying information (See **IDENTITY**, Page 3), we will request an identity document in your prior name and another in your new legal name in addition to the name change document. If you were born outside of the U.S., you also need to prove your U.S. citizenship or current lawful, work-authorized immigration status.

LIMITS ON REPLACEMENT SOCIAL SECURITY NUMBER (SSN) CARDS

Public Law 108-458 imposes limits on the number of replacement SSN cards you may receive at 3 per year and 10 in a lifetime. In determining these limits, SSA will not count changes in legal name (i.e., first name or surname), or changes to a restrictive legend (i.e., Valid for Work with DHS Authorization, Not Valid for Employment) shown on the SSN card. In addition, we may grant exceptions on a case-by-case basis if you provide evidence to establish a need for an SSN card **beyond these limits** (e.g., a letter from a social services agency stating you must show the SSN card in order to get benefits).

HOW TO COMPLETE THIS APPLICATION

Most items on the form are self-explanatory. Those that need explanation are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

2. Show the address where you can receive your card 10 to 14 days from now.
3. If you check "Legal Alien Not Allowed to Work," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all of the requirements for the U.S. government benefit. NOTE: Not all U.S. State or local benefits are acceptable for non-work SSN purposes. Contact SSA to see if your reason qualifies.

If you check "Other," you must provide a document from the U.S. government agency that explains why you need a Social Security number and that you meet all of the requirements for a Federal benefit except for the number.
5. Providing race/ethnic information is voluntary. However, providing this information helps us prepare statistical reports on how Social Security programs affect people. We do not reveal the identities of individuals in these reports.
6. Show the month, day and full (4 digit) year of birth, for example, "1998" for year of birth.
- 8.B. You must show the mother's Social Security number only when the application is for an **original** Social Security card for a person under age 18. However, this item may be left blank if the mother was never assigned a Social Security number, or if you do not know the mother's Social Security number and are unable to obtain it. We will still be able to assign a number to the person under age 18.
- 9.B. You must show the father's Social Security number only when the application is for an **original** Social Security card for a person under age 18. However, this item may be left blank if the father was never assigned a Social Security number, or if you do not know the father's Social Security number and are unable to obtain it. We will still be able to assign a number to the person under age 18.
13. If the date of birth you show in Item 6 is different from the date of birth you used on a prior application for a Social Security card, show the date of birth you used on the prior application and submit evidence of age to support the date of birth in item 6.
16. If you are age 18 or older, you must sign the application. If you are under age 18, you or a parent or legal guardian may sign. If you are physically or mentally incapable of signing the application, generally a parent, close relative, or legal guardian may sign the application. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including any additional information on the signature line as this may invalidate your application. Call us if you need clarification about who can sign. (See the "IMPORTANT" note under evidence of **IDENTITY** on page 3.)

EVIDENCE DOCUMENTS WE NEED TO SEE

The following lists are not all inclusive. However, they provide examples of the types of documents we need to see. **All documents must meet the criteria shown under "ABOUT YOUR EVIDENCE DOCUMENTS" on Page 1 in order to be considered.** If you have questions or need to discuss additional documents, see "If you have any questions" also on Page 1. Some documents we may accept are as follows:

AGE: In general, we must see your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. Hospital record of your birth (created at the time of your birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must indicate that the birth data was taken from the original birth certificate)

Call us for advice if you cannot obtain one of these documents.

IDENTITY: We must see evidence of identity in your legal name. Your legal name will be shown on the SSN card. Generally, we prefer to see documents issued in the U.S. Documents submitted to establish identity must show your legal name **AND** provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description--height, eye and hair color, etc.). Additionally, if you send a photo identity document but do not appear in person, the document **must** show your biographical information (e.g., your date of birth, age, or parents' names). To protect your Social Security card and number, identity documents **must** be of recent issuance.

WE **MUST** SEE YOUR:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of these documents, or cannot get a replacement within 10 days, we may accept other documents such as a U.S. military identity card, Certificate of Naturalization, or employee identity card. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card or a school record maintained by the school.

If you are not a U.S. citizen, we **must** see your current U.S. Immigration document and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD OR CARD STUB, OR A SOCIAL SECURITY RECORD as evidence of identity.

IMPORTANT: If you are applying for a card on behalf of someone else, you must provide evidence that establishes your authority to sign the application on behalf of the person to whom the card will be issued (e.g., a minor child's birth certificate establishes the authority of a parent to sign on behalf of the child). In addition, we must see different documents as proof of identity for both you and the person to whom the card will be issued.

U.S. CITIZENSHIP: In general, we can accept your U.S. birth certificate or U.S. Passport. Other documents we may accept are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

IMMIGRATION STATUS: We need to see a current document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-688B, or I-766. We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid nonwork reason. (See HOW TO COMPLETE THIS APPLICATION, Page 2, Item 3.) Your card will be marked to show you cannot work. If you do work, we will notify DHS.

THE PAPERWORK/PRIVACY ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number and to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans' benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Homeland Security, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers' licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***

MAIL OR TAKE THE COMPLETED FORM TO A LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may also locate the nearest Social Security office on the Internet at <http://www.socialsecurity.gov>.

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME 	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			
2	MAILING ADDRESS <small>Do Not Abbreviate</small>	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State	ZIP Code
3	CITIZENSHIP <small>(Check One)</small>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 2) <input type="checkbox"/> Other (See Instructions On Page 2)		
4	SEX 	<input type="checkbox"/> Male <input type="checkbox"/> Female		
5	RACE/ETHNIC DESCRIPTION <small>(Check One Only - Voluntary)</small>	<input type="checkbox"/> Asian, Asian-American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)		
6	DATE OF BIRTH <small>Month, Day, Year</small>	7 PLACE OF BIRTH <small>(Do Not Abbreviate)</small> City State or Foreign Country FCI Office Use Only		
A. MOTHER'S NAME AT HER BIRTH 				
8	B. MOTHER'S SOCIAL SECURITY NUMBER (See Instructions for 8B on Page 2) 		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;"> _ _ _ - _ _ - _ _ </div>	
	A. FATHER'S NAME 		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;"> _ _ _ - _ _ - _ _ </div>	
9	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 2) 		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;"> _ _ _ - _ _ - _ _ </div>	
	10 Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes", answer questions 11-13.) <input type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.)			
11	Enter the Social Security number previously assigned to the person listed in item 1. 		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;"> _ _ _ - _ _ - _ _ </div>	
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. 		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;"> _ _ _ - _ _ - _ _ </div>	
13	Enter any different date of birth if used on an earlier application for a card. 		<div style="border-bottom: 1px solid black; width: 100%; text-align: center;"> _ _ _ - _ _ - _ _ </div>	
14	TODAY'S DATE <small>Month, Day, Year</small>	15 DAYTIME PHONE NUMBER <small>() -</small> Area Code Number		
16	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.			
	YOUR SIGNATURE 		17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
NPN		DOC	NTI	CAN
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">DATE</div> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">DATE</div>		

Appendix J:
FL Dept. of Vital Statistics Birth Certificate Amendment
Forms DH429 and DH430

(Instructions and Forms begin on following page.)

INFORMATION AND INSTRUCTIONS FOR AMENDMENT TO BIRTH RECORD APPLICATION
Statute/Rule references may be accessed through the website address at the bottom of this form

AVAILABILITY AND FEES: Computer years are for events 1930 to present unless record was a delayed filing or other special registration. Births occurring prior to 1930 are not available in the computer abstract format. Therefore if ordering a record that occurred prior to 1930, you will be provided with a photocopy at no additional cost AND should remit only \$9.00. **FEES ARE NONREFUNDABLE:** The amendment-processing fee is nonrefundable, even if the amendment cannot be completed. In addition, it can only be applied to this case and cannot be credited or transferred to another case.

ELIGIBILITY: Pursuant to s. 382.025, Florida Statutes, except for those births occurring over 100 years ago that are not under seal, birth certificates are confidential and can be issued only to the registrant (the child named on the record) if of legal age (18), parent, guardian, or a legal representative of one of these persons or by court order. Events occurring over 100 years ago not under seal are public record and available to anyone providing fee and application.

REQUIREMENT FOR ORDERING: If applicant is self, parent or guardian, the applicant must provide photo identification. If guardian, a copy of appointment order must also be included. If legal representative, your attorney Bar ID number and the name and a notation of whom you represent must be included with your request. If not one of the above persons, you will need to complete and have notarized the Affidavit to Release a Birth Certificate, DH Form 1958, and submit with this Application for Amended Birth Certificate, DH Form 429, or provide a court order. A release form is available from this office, most local vital statistics offices within the county health department and our website. Website address located at bottom of this form.

TYPES OF AMENDMENTS:

A. An amendment resulting from a court ordered action:

- Adoption
- Legal Name Change
- Paternity Establishment

B. An amendment made administratively pursuant to vital statistics law (Chapter 382, F.S) and rule authority (Chapter 64V-1 F.A.C.)

- Paternity Acknowledgement
- Correction resulting from a misspelling or typographical error or omission
- Correction of child's name
- Change to child's name within 1 year of birth. A legal change of name issued pursuant to s. 68.07(4), Florida Statutes, OR comparable law of another state is required to change the name after the 1st birthday UNLESS supporting documentation can be provided.

NOTE: Correction to a child's name resulting from a misspelling or a typographical error can be made at any time after the child's birth without supporting documentation.

Omissions of child's given name(s) may be made up to the child's 7th birthday without supporting documentation.

Corrections to a child's name (other than misspellings, typographical errors, or omissions) may be made only if documentary evidence supporting the correction can be provided. In all cases, such changes to a minor child's name will be made **ONLY** if both parents named on the birth record (if both are named) are in agreement and sign the required affidavit before a notary public. If both parents are not in agreement or not available to sign, the name can only be amended by a legal change of name (court order). See s. 64V-1.002 and .003, Florida Administrative Code, for additional information defining our authority to make corrections to a birth record.

IMPORTANT: IF A NAME HAS BEEN CHANGED PREVIOUSLY ON THE BIRTH RECORD PURSUANT TO A COURT ORDER, I.E., BY ADOPTION, LEGAL NAME CHANGE, ETC., IT CAN ONLY BE CHANGED SUBSEQUENTLY THROUGH ANOTHER COURT ORDER.

RESPONSE TIME: Response time for processing an amendment varies depending upon our workload at the time your request is received. Generally, an amendment is completed within two to three weeks. RUSH processing is available for those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other pending work; however, no amended certificate can be issued until all required evidence, forms, applicable fees and appropriate signatures have been received and meet the criteria as established by law or in rules of the department.

CERTIFICATION FORMAT: A computer certification contains the information taken from the original birth record and is acceptable for all purposes. A photocopy is an exact image of the certificate completed by the hospital or by the attendant at the birth.

RACE: Only race of parent(s) is recorded and after 1969 the race of the parent(s) was moved from the legal section to the statistical/medical section of the birth certificate and is not part of a routine certification. If parents' race is required, a photocopy should be requested. Please check block entitled Photocopy and write on the front of this form "photocopy with medical included". Depending on the year of the event, extra fee of \$5.00 may apply.

TIME OF BIRTH: Only available on a photocopy at this time and not available for all years. This item was NOT collected for years 1949 – 1969; therefore, time of birth is generally not shown on records filed during these years. For remaining years, it will appear on a photocopy if the hospital or attending physician completed the item.

MAIL THIS APPLICATION WITH PAYMENT TO VITAL STATISTICS, P.O. BOX 210, Jacksonville, FL 32231-0042
http://www9.myflorida.com/planning_eval/Vital_Statistics/index.html



APPLICATION FOR AMENDMENT TO FLORIDA BIRTH RECORD

IMPORTANT: Read the entire application form before completing. *TYPE OR PRINT*

Requirement for ordering: If you are an eligible applicant, complete and sign this application, state your relationship to registrant and provide photo identification. If you are an attorney representing an eligible person, you need only sign, provide professional license or bar number, indicate name of person whom you represent and their relationship to the registrant in the appropriate spaces below. If applicant is not an eligible person, an Affidavit to Release a Birth Certificate, DH Form 1958, must be completed and signed by an eligible person before a notarizing official and submitted in addition to this application form. Acceptable forms of photo identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

NAME ON OR FOR NEW BIRTH RECORD OF REGISTRANT	FIRST		MIDDLE		LAST		SUFFIX
NAME AS RECORDED ON CURRENT BIRTH RECORD	FIRST		MIDDLE		LAST		SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	AGE	STATE FILE NUMBER		SEX
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN		COUNTY		FLORIDA
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST		MIDDLE		LAST (MAIDEN)		SUFFIX
FATHER'S NAME	FIRST		MIDDLE		LAST		SUFFIX

Check Type of Amendment: ☐ Adoption ☐ Correction ☐ Legal Name Change ☐ Paternity Order ☐ Paternity
Acknowledgment

FEES ARE NONREFUNDABLE: See information entitled "Availability and Fees"

\$20.00 AMENDMENT PROCESSING FEE Includes the issuance of ONE computer certification (if birth occurred 1930-present). Request for record that occurred prior to 1930 will receive a photocopy. If photocopy of record for period (1930-present) desired in lieu of computer certification, an additional fee of \$ 5.00 is required:

☐ \$20.00 computer

QUANTITY
1

= Amount

☐ \$25.00

1st additional certification: Mark appropriate box: ☐ \$9.00 computer ☐ *\$14.00 photocopy (birth 1930-present)

*If photocopy fee paid with above amendment processing fee (\$25.00), OR if event occurred prior to 1930, only remit \$9.00 for this 1st additional certification.

1

X

1

=

\$

Other additional certifications (after the 1st additional certification) are \$4.00 each, UNLESS a photocopy (if birth occurred 1930-present) is desired and has not been ordered above. If photocopy not ordered at this point of your request and you desire a photocopy, you must remit \$9.00 if photocopy requested.

Indicate number desired in Quantity block: ☐ computer ☐ photocopy (birth 1930-present)

\$4.00

X

=

\$

COMMEMORATIVE Birth Certificates, signed by the present Governor and suitable for framing are \$25 if ordered at the same time as above certifications; \$34 if ordered separately

Allow 4-6 weeks for delivery

\$

X

=

\$

RUSH ORDERS (Optional): \$10.00 per order. Envelope must be marked "RUSH".

(Refer to information entitled Response Time)

☐ Yes

☐ No

\$

TOTAL AMOUNT ENCLOSED: Check or money order payable to **Vital Statistics** in U.S. Dollars (DO NOT SEND CASH)

Florida Law imposes an additional service charge of \$15 for dishonored checks

\$

To provide false information relative to an amendment of a Florida birth record or obtain confidential information contained on a Florida birth record under false or fraudulent purposes is a third-degree felony punishable by the terms and conditions as set forth in Florida Statutes.

APPLICANT NAME/DELIVERY INFORMATION

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	RELATIONSHIP TO REGISTRANT
-----------------------------------	-------	--------	-----------------------------	----------------------------

DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)		CITY	STATE	ZIP CODE
HOME PHONE NUMBER INCLUDING AREA CODE ()		WORK PHONE NUMBER INCLUDING AREA CODE ()	SIGNATURE OF APPLICANT	
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NUMBER		IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT		
IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.				
SHIP TO NAME TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

INSTRUCTIONS – READ CAREFULLY

Any person who willfully and knowing makes any false statement in a certificate, record, or report required by Chapter 382, Florida Statutes, or in an application for an amendment thereof, commits a felony of the third degree, punishable as provided in s. 775.084, Florida Statutes.

1. Complete only the upper half of the affidavit. This affidavit will be attached to the original birth certificate thus becoming part of the birth record. Therefore, when completing, please use black typewriter ribbon or print clearly using black ink.
 - a. REGISTRANT'S FULL NAME AT BIRTH – Enter the registrant's (person for whom the record is filed) name as it SHOULD APPEAR on the birth certificate.
 - b. STATE FILE NUMBER – Enter if known, otherwise, leave blank.
 - c. BIRTH DATE AND BIRTH PLACE – Enter correct date and place of birth of registrant.
 - d. COLUMN 1 "ITEM OMITTED OR IN ERROR" – List the item(s) in error. Child's Full Name, Mother's Maiden Name, Father's Name, Date of Birth, etc.
 - e. COLUMN 2 "BIRTH CERTIFICATE SHOWS" – Enter the information that is currently shown on the birth certificate.
 - f. COLUMN 3 "SHOULD BE" – Enter the correct information. There are enough lines to make four corrections. If more than four corrections are indicated, you may enter two items per line thus allowing for eight corrections
2. Affidavit must be signed by registrant if of legal age of 18 or if not of legal age by parent(s) or legal guardian in the presence of a notary public. IF CORRECTION IS TO BE REGISTRANT'S NAME AND THE REGISTRANT IS UNDER THE AGE OF 18, THE AFFIDAVIT MUST BE SIGNED BY BOTH MOTHER AND FATHER< BOTH SIGNATURES MUST BE NOTARIZED.
3. AFFIDAVIT NOT ACCEPTABLE IF ERASURES OR ALTERATIONS ARE MADE.

IF ASSISTANCE IS NEEDED IN CONNECTION WITH THIS AMENDMENT, CONTACT THIS OFFICE AT (904) 359-6900, Ext. 9005.

AFFIDAVIT OF AMENDMENT OF CERTIFICATE OF LIVE BIRTH
(READ INSTRUCTIONS ABOVE BEFORE COMPLETING AND SIGNING)

REGISTRANT'S FULL NAME AT BIRTH		STATE FILE OR BIRTH NUMBER	
DATE OF BIRTH MONTH/DAY/YEAR	PLACE OF BIRTH/CITY OR TOWN	COUNTY	STATE FLORIDA
ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE	
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE _____		Personally Known __ or Produced Identification __ Type Identification Produced _____	
SUBSCRIBED AND SWORN BEFORE ME THIS ____ day of _____, 20____	_____ (Signature of Notary) _____ (Printed Name of Notary)		COMMISSION EXPIRSE: _____ SEAL
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT SIGNATURE _____		Personally Known __ or Produced Identification __ Type Identification Produced _____	
SUBSCRIBED AND SWORN BEFORE ME THIS ____ day of _____, 20____	_____ (Signature of Notary) _____ (Printed Name of Notary)		COMMISSION EXPIRSE: _____ SEAL

Appendix K:
Petition to Domesticate (Register) Foreign (Out-of-State)
Judgment

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA.

IN RE:

CASE NO. _____.

_____/_____
Petitioner.

PETITION TO DOMESTICATE (REGISTER) FOREIGN
(OUT-OF-STATE) JUDGMENT

1. The former Petitioner, _____
(Your name)

Petitions the Court to domesticate the attached Order or Final Judgment.

2. On _____, an Order or Final Judgment was entered in
(Date)

The court of _____ in Case No. _____

(County, state)

3. Petitioner is aware that all decisions made by the former _____ court prior
(State)
to entry of this Court's Order to Domesticate will be given full faith and credit.

4. To the best of the Petitioner's knowledge and belief this former order has not been
modified. The Petitioner understands that he/she is making this statement under penalty of
perjury.

5. Petitioner seeks to enforce the following portions of the final judgment:

Legal Name Change _____

6. Petitioner's Name and Address: _____

WHEREFORE, the Former Petitioner, requests the Court to set a hearing on the Petition
to Domesticate the Final Judgment or confirm registration of the former order as a matter of law.

Signed and dated this _____ day of _____, 20 _____.

Signature

Address

Telephone Number

STATE OF FLORIDA
COUNTY OF _____

Subscribed before me on _____, 20__, by _____

Personally known ___ or
produced _____ as identification.

SEAL:

NOTARY PUBLIC

Appendix L:
Order to Domesticate Foreign Judgment

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA.

IN RE:

CASE NO. _____.

Petitioner

ORDER TO DOMESTICATE (REGISTER) FOREIGN (OUT-OF-STATE) JUDGMENT

THIS MATTER having come before the Court upon the Petition to Domesticate Foreign Judgment and the Court having reviewed the out-of-state order(s) attached to the Petition, finds that the relief set forth below is appropriate and authorized by Fla. Stat. § 61.528. Therefore it is hereby **ORDERED** and **ADJUDGED** as follows:

1. This Court has jurisdiction to domesticate/register the attached foreign Order or Final Judgment of _____, _____ case No. _____ entered on _____.

2. The Court confirms registration of this order and precludes further contest of the order with respect to any matter that could have been asserted at the time of registration.

3. Other rulings:

DONE and **ORDERED** in _____ County, Florida,
this _____ day of _____, 20__.

CIRCUIT JUDGE

Copies to:

Petitioner

Out-of-state Clerk of Court, location of entry of former judgment

Appendix M:
Passport Form DS-19

(Instructions and Forms begin on following page.)

U.S. PASSPORT AMENDMENT/VALIDATION APPLICATION

ATTENTION: Was your passport recently issued? If there is an error in the descriptive data of your recently issued passport, please forward your request for correction to the respective Issuing Agency instead of the address listed below.

YOU MAY REQUEST AMENDMENT/VALIDATION OF YOUR PASSPORT FOR THE FOLLOWING REASONS ONLY:

- **TO SHOW A CHANGE OF NAME.** Submit documentary evidence such as a certified court order, marriage certificate, or other satisfactory evidence to support a change of name.
- **TO CORRECT THE DESCRIPTIVE DATA.** Submit appropriate evidence to support correction of descriptive data.
- **TO ADD VISA SUPPLEMENT PAGES.**
- **TO EXTEND THE VALIDITY OF A LIMITED U.S. PASSPORT.** Submit appropriate evidence to support your request.
- **IN CERTAIN CASES, TO SHOW ENDORSEMENT OR VALIDATION OF YOUR U.S. PASSPORT.** Submit appropriate evidence.

HOW TO APPLY FOR AMENDMENT/VALIDATION OF YOUR U.S. PASSPORT:

- Complete, sign and date this passport amendment/validation application.
 - Send it with your U.S. passport and any required additional evidence to:
Charleston Passport Center
Attn: Amendments
1269 Holland Street
Charleston, SC 29405
 - There is no fee to have a U.S. passport amended. Your amended U.S. passport and any documentary evidence submitted will be returned to you by first-class mail.
 - For faster processing, you may request Expedited Service. Expedite requests will be processed in three workdays from receipt at the Passport Center. The fee for expedited service is \$60. Enclose the \$60 expedite fee in the form of a personal check or money order. All fees should be payable to the "U.S. Department of State." Do not send cash. Expedited Service is available only in the United States.
 - If you desire Special Postal Service (overnight mail, special delivery, etc.), include appropriate postage fees or a pre-paid envelope.
- NOTE: The Passport Center will not mail a passport to a private address outside the United States.

NOTICE TO APPLICANTS FOR THE AMENDMENT OR VALIDATION OF OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS:

Submit your U.S. Government or military authorization in addition to the items listed above. Consult your sponsoring Agency for instructions on proper routing procedures before forwarding this application. Your amended/validated passport will be released to your sponsoring Agency for forwarding to you.

ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.) I have not, since acquiring United States citizenship, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the Government of the United States.

WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under provisions of 18 U.S.C. 1001 and/or 18 U.S.C. 1542. Alteration or mutilation of a U.S. passport is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a U.S. passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents submitted are subject to verification.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

AUTHORITIES: The information solicited on this form is requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 211a and all regulations issued pursuant to Executive Order 11295 (August 5, 1966), including Part 51, Title 22, Code of Federal Regulations (CFR).

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to the amendment and/or validation of a U. S. passport. The information may also be used in connection with issuing other travel documents or evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of U.S. nationals abroad.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties or to investigate or prosecute violations of law. The information may be made available to private U.S. citizen 'wardens' designated by U.S. embassies and consulates.

Except as noted, failure to provide the information requested on this form may also result in the denial of a United States passport, related document, or service to the individual seeking such passport, document, or service. The disclosure of your social security number on this form is voluntary and in accordance with the authorities listed above and will be used in the processing of your application for passport amendment and/or validation and as described in the preceding paragraphs.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.



U.S. Department of State

U.S. PASSPORT AMENDMENT/VALIDATION APPLICATION

Type or print in ink in white areas only. For more information, see back of form.

IDENTIFYING INFORMATION**CURRENT NAME**

FIRST MIDDLE

LAST

SOCIAL SECURITY NUMBER

MAILING ADDRESS

STREET

CITY, STATE
& ZIP CODE

IN CARE OF

HOME PHONE (with Area Code)

BUSINESS PHONE (with Area Code)

SEX

☐ Male ☐ Female

PLACE OF BIRTH

DATE OF BIRTH

DEPARTURE DATE, If Any

City, State or Province, Country

(mm-dd-yyyy)

(mm-dd-yyyy)

U.S. PASSPORT NUMBER

DATE YOUR PASSPORT WAS ISSUED

PLACE YOUR PASSPORT WAS ISSUED

(mm-dd-yyyy)

PERMANENT ADDRESS (Street, City, State, Zip Code)

E-MAIL ADDRESS

NAME CHANGE (Submit original or certified document)

NAME CURRENTLY IN PASSPORT

CHANGE NAME TO READ AS FOLLOWS:

☒ NAME CHANGED BY MARRIAGE

DATE OF MARRIAGE

SPOUSE'S NAME IN FULL

(mm-dd-yyyy)

☒ NAME CHANGED BY COURT ORDER

NAME OF COURT

LOCATION (City, State)

DATE

(mm-dd-yyyy)

☒ NAME CHANGED BY OTHER METHOD (Specify)**OTHER PASSPORT REQUESTS:** (Check appropriate box and specify, where necessary)☐ ADD VISA PAGES☐ CORRECT DESCRIPTIVE DATA (Specify)☐ EXTEND PASSPORT VALIDITY☐ OTHER (Specify)

OATH AND SIGNATURE: I have not, since acquiring United States citizenship, performed any of the acts listed under "Acts or Conditions" on this application form (unless an explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true.

Date (mm-dd-yyyy)

Signature of Applicant

FOR PASSPORT SERVICES USE ONLY☐ Evidence☐ Name Change☐ Add Visa Pages☐ Rewrite☐ Other☐ Extend To☐ Endorsement No.☐ Limit To☐ Void Limitation on Page

Examiner's Name

Office

Date (mm-dd-yyyy)

Appendix N:
Selective Service System Request for Information Letter
Form

(Instructions and Forms begin on following page.)

INSTRUCTIONS

For filling out the "Request for Status Information Letter"

SECTION 1:

- Name: you must provide your complete name, and any other names you have ever used. If you have more than one last name, you must provide both names.
- Address: you must include your complete mailing address. Forms received without a mailing address will not be processed.
- Social Security Account Number: If you have a Social Security Account Number, you must provide it. Also, if you have ever used a different Social Security Account Number, provide that as well.
- Date of Birth: This form is only for men born after December 31, 1959, who are 26 years old or older. You must provide your complete date of birth.
- Daytime Telephone Number: If possible, provide a telephone number where you can be reached during the day, in case we need to contact you.
- E-mail Address: If possible, provide your e-mail address in case we need to contact you.

SECTION 2:

This section is for explaining and documenting why you did not register with Selective Service. This section consists of five different parts. You must complete and submit documentation for any and all parts that apply to you.

- Military: To obtain proof of military service, you may call the Veterans Administration at (800) 827-1000, or write to: National Personnel Records Center, GSA, Military Personnel Records, 9700 Page Blvd., St. Louis, MO, 63132.
- Incarcerated, institutionalized, hospitalized, or confined to home: for each instance, provide type of confinement, dates of confinement, and supporting documentation.

NON CITIZEN / ALIEN:

- If you entered the United States for the first time after your 26th birthday, you must provide documentation to support your claim. Valid documentation includes: entry stamp in your passport, I-94 with entry stamp on it, or a letter from the U.S. Citizenship and Immigration Service (USCIS) indicating the date you entered the United States. If you entered the United States illegally after your 26th birthday, you must provide proof that you were not living in the United States from age 18 to age 26. Please note: your Resident Alien Card (Green Card) is not valid as proof of entry to the United States.
- If you entered the United States as a valid non-immigrant alien, and remained in that status to your 26th birthday, you must provide documentation to support your claim. For example, if you entered the United States as an F-1 Student, and remained in that status until your 26th birthday, you would need to provide documentation indicating that you were admitted on an F-1 visa and attended school full-time as required. (Acceptable documents for this situation include copies of your I-20s or a letter from the school you attended indicating your full time attendance as a non-immigrant alien). The same thing applies for all non-immigrant statuses. You must explain, if at any point, you violated the terms of your visa, or overstayed your visa and became an undocumented alien.

(continued on next page)

- You should provide as much information as possible. We will use the information you provide to determine your registration status.
- Transsexual: For individuals who have had a sex change. You must indicate what gender you were born as, and attach documentation which indicates this as well.
- Reason why you failed to register with Selective Service upon reaching age 18 and before reaching age 26: Provide a written explanation for not registering with Selective Service.

SECTION 3:

Sign and date the letter. Return this letter to the address listed with copies of requested documents, and anything else you may wish to include. **Do not send original documents, as they will not be returned.** You should retain a copy of all documents and correspondence submitted.

HELPFUL INFORMATION

- This form is designed to be printed for use, and cannot be completed on line. After printing, complete the form, attach appropriated documentation, and mail to: Selective Service System, ATTN: SIL, PO Box 94638, Palatine, IL 60094-4638.
- This form is for use only by men born after December 31, 1959, who are not registered and are now 26 years old or older.
- This form is not a registration form, and by submitting it, you will not be registered.
- If you feel that you have already registered, verify your registration on our website (www.sss.gov), or call our Registration Information Office at (847) 688-6888 to obtain your Selective Service number.
- E-mail or fax transmissions of this form will not be accepted.
- We will issue a Status Information Letter based on the information you provide. This letter will clarify your status with Selective Service.
- If you are being denied a right, benefit, or privilege because you are not registered, submit a copy of your Status Information Letter and an explanation for your failure to register, to the Agency administering the right, benefit, or privilege. That Agency will make the final determination regarding your eligibility. The Selective Service System does not determine your eligibility for any right, benefit, or privilege.

Request for Status Information Letter

I am requesting a Status Information Letter. I am a male who is not registered with Selective Service. I am now twenty six years old or older, and was born after December 31, 1959.

Section 1:

Name _____
First Middle Last

List any other names used _____
Include any multiple last names

Current mailing address _____
Street address

City State Zip code

Social Security Account Number _____

Date of Birth _____
Month / day / year

Daytime Telephone Number _____

E-mail Address _____

Section 2:

MILITARY:

List dates of active duty service: _____ to _____

List dates of reserve duty service: _____ to _____

List dates of military school service: _____ to _____

Military school attended: _____

Attach **copy** of DD214 (or DD Form 4 if still on active duty)

INCARCERATED, INSTITUTIONALIZED, HOSPITALIZED, OR CONFINED TO HOME:

List dates during which you were (circle appropriate situation) incarcerated, institutionalized, hospitalized, or confined to home. For multiple dates, list all.

_____ to _____, _____ to _____, _____ to _____

Attach proof of each instance

NON CITIZEN / ALIEN:

Date you entered the United States for the first time: _____

month / day / year

INS status at time of entry: _____ List all alien status(es) held since entering the country, and give dates: (attach separate sheet if necessary)

_____ to _____ USCIS Status: _____

_____ to _____ USCIS Status: _____

_____ to _____ USCIS Status: _____

_____ to _____ USCIS Status: _____

Attach copies of supporting documentation (see information sheet for detailed instructions regarding this).

TRANSSEXUAL:

At birth my gender was: _____

Attach copy of birth certificate

REASON WHY YOU FAILED TO REGISTER WITH SELECTIVE SERVICE UPON REACHING AGE 18 AND BEFORE REACHING AGE 26:

Section 3:

Sign and date, then send this letter, together with copies of required documents and whatever other supporting information you may wish to include to :

Selective Service System
ATTN: SIL
PO Box 94638
Palatine, IL 60094-4638

signature

date

No action can be taken until we receive all of the information/documentation needed. You should retain a copy of all documents and correspondence submitted to us. You should receive a response within 4 to 6 weeks.