

IN DISTRICT COURT, COUNTY OF _____, STATE OF NORTH DAKOTA

IN THE MATTER OF THE PETITION FOR CHANGE OF NAME OF
(insert minor child's initials)

(NAME), Petitioner. _____))))	Civ. No. _____ CONFIDENTIAL INFORMATION FORM
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	<u>NAME</u>	<u>BIRTH DATE</u>
Minor child's current name:		DOB:
Minor child's requested name:	DOB:	DOB:

Information supplied by:

(Name of Attorney)
Attorney for Petitioner
ND ID #
(Address)
TEL
FAX