

## COVER SHEET FOR CHANGING AN ADULT'S NAME

The forms presented in this packet are designed to guide you in preparation of your Petition to Change Name of an Adult. You must type in the required information as it applies to your situation. Your papers should remain in the same order as they appear in this packet. Please type this document, or neatly print in black ink.

Do not fill in the civil action file number, because you will not have that until the Clerk assigns a number to your case. Make sure that everything is signed.

**Neither the Clerk of the Superior Court, nor any Deputy Clerk, nor the Law Librarian, Judge, or any other Court personnel, is allowed to answer any questions for you concerning the preparation of these forms. State Law O.C.G.A § 15-9-51** procedures and courthouse personnel cannot advise you how to proceed or what forms may be necessary in specific situations. The only person allowed to help you in the preparation of these forms is licensed attorney hired to represent you. Please consult an attorney if you have questions about the procedure or what action is best for you to take.

Remember, you must fully complete the forms and follow all instructions before the Judge will be able to grant your change of name. Incomplete forms, as well as, forms that are improperly filled out, may delay the grant of your change of name. Make sure that you take time to read over all the forms and instructions.

### FILING INFORMATION FOR NAME CHANGE

**Filing Fee:** \$218 Cash (no \$100 bills), money order, or cashier's  
**Publication Cost:** check (No Personal Checks)  
\$105 ( Pay to Macon Telegraph)

#### YOUR TOTAL COST

**\$323**

After your case is accepted, you must go to THE TELEGRAPH and publish the **Notice of Name Change** with them. They can be reached at: The Telegraph, 1675 Montpelier Ave, Macon, GA. 478-744-4200.

#### NOTE:

**Once you have received your name change order, signed by the Judge, you must send (1) a certified copy of the order, (2) a money order for \$25, and (3) a photocopy of your photo ID to:**

**Georgia Department of Vital Records  
1680 Phoenix Blvd. #100  
Atlanta, GA 30349  
404-679-4702**

IN THE SUPERIOR COURT OF BIBB COUNTY  
STATE OF GEORGIA

In Re the Name Change of:

\_\_\_\_\_  
Plaintiff

Civil Action No.: \_\_\_\_\_

**PETITION CHANGE NAME OF ADULT**

The Plaintiff files this Petition to Change Name of Adult and states the following in support of the petition:

**1.**

The Plaintiff's name is \_\_\_\_\_ and she/he resides in Bibb County, Georgia. Therefore, jurisdiction and venue are proper in this court.

**2.**

The Plaintiff was born on \_\_\_\_\_.

**(Check and complete only one of the following)**

In \_\_\_\_\_ County, State \_\_\_\_\_ U.S.A.

Outside the United State, in \_\_\_\_\_.

**3.**

The Plaintiff wants to change his/her name:

From \_\_\_\_\_

To \_\_\_\_\_

**4.**

The reasons for this name change are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.

The Plaintiff does not intend to use this name change to fraudulently deprive anyone of any right under the law.

THEREFORE, the Plaintiff asks that the Plaintiff's name be changed as provided in Paragraph 3 above.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Plaintiff, Pro Se (Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_

**STATE OF GEORGIA**

**COUNTY OF BIBB**

**VERIFICATION**

Personally appeared before the undersigned officer authorized by law to administer oaths, the deponent herein, who, an oath, deposes and says that the facts contained in the foregoing document are true and correct.

\_\_\_\_\_

\_\_\_\_\_  
Plaintiff

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**AFFIDAVIT FOR PERSON FILING CASE WITH NO ATTORNEY**  
**(All questions must be answered.)**

\_\_\_\_\_  
Plaintiff

vs.

Civil Action No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

PERSONALLY appeared before me the undersigned officer, \_\_\_\_\_  
(Affiant)

who after being duly sworn deposes and states under oath the following:

- (1) That affiant has this date filed a suit for divorce or other complaint in this County and does not have an attorney at law representing affiant.
- (2) (a) Affiant further states that the following person prepared the Complaint and/or other papers.

\_\_\_\_\_  
Name of Person (and business name) who prepared papers

\_\_\_\_\_  
Address of such person and business

\_\_\_\_\_  
Telephone number of such person and business

- (b) Affiant state that said person who prepared the paper (was/was not) paid to prepare the papers. The total amount paid \$\_\_\_\_\_.
- (3) Affiant further states that there (is/is not) any further money due anyone for assisting in the preparation of said papers. If affiant owes money to the preparer the amount is \$\_\_\_\_\_.
- (4) Affiant has not paid or given anyone any other consideration of money for helping in preparing the paper, except the following, \_\_\_\_\_.
- (5) Did the preparer of the papers tell you what information, or give you advice regarding the information to put in any of your paper? (YES / NO)
- (6) Did the preparer give you any advice about how to file your papers? (YES / NO)
- (7) Did the preparer give you any advice about how to present your case to the judge? (YES / NO)
- (8) Are you willing to discuss this matter with a State Bar or Georgia investigator? (YES / NO)

I have answered all the about questions truthfully, under criminal penalties of perjury.

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone No. (required): \_\_\_\_\_

**SUPERIOR COURT OF BIBB COUNTY**  
**PARTIES INFORMATION SHEET**  
**TO BE FILED WITH COMPLAINT/PETITION**

**Plaintiff's Contact Information:**

Plaintiff's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Defendant's Contact Information:**

Defendant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**IN THE SUPERIOR COURT OF BIBB COUNTY  
STATE OF GEORGIA**

CIVIL ACTION NO. \_\_\_\_\_

**NOTICE OF PETITION TO CHANGE NAME OF ADULT**

\_\_\_\_\_ filed a petition in the  
Bibb Superior Court on \_\_\_\_\_, 20\_\_\_\_\_, to  
change the name from \_\_\_\_\_ to  
\_\_\_\_\_. Any interest party  
has the right to appear in this case and file objections within 30 days after the *Petition* was filed.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Plaintiff, Pro Se (Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public (Seal)

## General Civil and Domestic Relations Case Filing Information Form

Superior or  State Court of \_\_\_\_\_ County

**For Clerk Use Only**

Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_  
MM-DD-YYYY

**Plaintiff(s)**

Last	First	Middle I.	Suffix	Prefix

**Defendant(s)**

Last	First	Middle I.	Suffix	Prefix

Plaintiff's Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Self-Represented

**Check One Case Type in One Box**

**General Civil Cases**

- Automobile Tort
- Civil Appeal
- Contract
- Garnishment
- General Tort
- Habeas Corpus
- Injunction/Mandamus/Other Writ
- Landlord/Tenant
- Medical Malpractice Tort
- Product Liability Tort
- Real Property
- Restraining Petition
- Other General Civil

**Domestic Relations Cases**

- Adoption
- Dissolution/Divorce/Separate Maintenance
- Family Violence Petition
- Paternity/Legitimation
- Support – IV-D
- Support – Private (non-IV-D)
- Other Domestic Relations

**Post-Judgment – Check One Case Type**

- Contempt
  - Non-payment of child support, medical support, or alimony
- Modification
- Other/Administrative

Check if the action is related to another action(s) pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

\_\_\_\_\_ Case Number

\_\_\_\_\_ Case Number

I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in O.C.G.A. § 9-11-7.1.

Is an interpreter needed in this case? If so, provide the language(s) required. \_\_\_\_\_  
Language(s) Required

Do you or your client need any disability accommodations? If so, please describe the accommodation request.  
 \_\_\_\_\_  
 \_\_\_\_\_



# ATTACHMENTS

Parenting Plan

Child Support Order Addendum

Case Disposition Form & 3907 Form

Other \_\_\_\_\_

## General Civil and Domestic Relations Case Disposition Information Form

Superior or  State Court of \_\_\_\_\_ County

**For Clerk Use Only**

Date Disposed \_\_\_\_\_ Case Number \_\_\_\_\_  
MM-DD-YYYY

Case Style \_\_\_\_\_

**Plaintiff(s)**

**Defendant(s)**

Last	First	Middle I.	Suffix	Prefix

Last	First	Middle I.	Suffix	Prefix

**Reporting Party** \_\_\_\_\_

**Plaintiff's Attorney** \_\_\_\_\_

**Bar Number** \_\_\_\_\_

**Self-Represented**

**Defendant's Attorney** \_\_\_\_\_

**Bar Number** \_\_\_\_\_

**Self-Represented**

**Manner of Disposition**  
**Check Only One**

**Jury Trial**

**Bench/Non-Jury Trial**

**Non-Trial Disposition**

**Alternative Dispute Resolution**

- Check if any party was self-represented at any point during the life of the case.
- Check if the court ordered an interpreter for any party, witness, or other involved individual.
- Was the case referred/ordered to a court-annexed alternative dispute resolution (ADR) process?