



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO
CIVIL DIVISION**

APPLICATION FOR CHANGE OF NAME

Do not fill out this form if request is made on behalf of minor child or children under the age of 14.

DATE:

CASE NUMBER:

FULL NAME OF APPLICANT:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ATTACH THIS COVER SHEET TO THE PROPOSED ORDER AND FORWARD TO
BACKGROUND CHECK CLERK