



**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:

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CASE NUMBER:

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FULL NAME OF APPLICANT:

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DATE OF BIRTH:

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SOCIAL SECURITY NUMBER:

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**ATTACH THIS COVER SHEET TO A COPY OF THE PETITION FOR NAME CHANGE AND FORWARD TO BACKGROUND CHECK CLERK**