

**IN THE TRIBAL COURT
PUEBLO OF ISLETA
ISLETA, NEW MEXICO**

IN THE MATTER OF:

CASE NO. _____

_____,
A Minor Child

PETITION FOR CHANGE OF NAME OF MINOR CHILD

COMES NOW, the Petitioner, and states the following in support of this petition: I am requesting that my child's name be changed from _____ (*name as it appears on birth certificate*) to _____ (*new name*).

1. Child's Full Name: _____ Date of birth: _____

Is child an Isleta Tribal member? Yes No Descendant Enrollment No. _____

If "NO" member of another tribe? Yes No If YES, which tribe: _____

Does minor child reside in the Pueblo of Isleta? Yes No

2. Petitioner's Full Name: _____ Date of birth: _____

Mailing Address: _____

Physical Address: _____ Phone Number: _____

E-mail Address: _____

Petitioner's relationship to minor child? _____

3. Other Parent's Name: _____ Date of birth: _____

Mailing Address: _____

Physical Address: _____ Phone Number: _____

E-mail Address: _____

4. Do both parents/guardians agree to the name change? Yes No

5. I am requesting this name change for the following reason(s): _____

WHEREFORE, Petitioner requests that the Court schedule a hearing on this matter.

Signature of Petitioner

Date

CERTIFICATE OF SERVICE

The other parent must be served with a copy of this document, in person or by mail. It must be served by another person who is not a party in the case. The Court will not accept this document without completing this form verifying that the opposing party was served. *Note: The other parent does not have to sign this document or any other document for proper service.*

Complete only ONE of the sections below to indicate which method of service was used and proof of service.

Served IN PERSON by:

I, _____, being duly sworn, on oath, state that I am at least 18 years of age and not a party to this lawsuit, and that I served the preceding document on the _____ day of _____, 20____, by delivering a copy thereof in-person to _____ (name of person who received the document).

PRINT Name of Person Making Service

SIGNATURE of Person Making Service

MAILED by United States mail, postage prepaid, and addressed to*:

Name: _____

Address: _____

City/State: _____

Zip code: _____

****Attach a copy of the postage to this document.***