

State of Minnesota

County _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: **Name Change**

In the Matter of the Application of:

First Middle Last

For a change of name to:

First Middle Last

**Inmate Affidavit for
Name Change
(Minn. Stat. § 259.12)**

STATE OF MINNESOTA)
) SS
COUNTY OF _____)

I, _____, the applicant in this matter, make the following statement:

- I am currently an inmate confined in a correctional facility, as defined in section 241.021, subdivision 1(f).
- I have not at any time during my confinement requested a name change under section 259.10, other than this request.
- The reason I am seeking a name change is: _____

I request the court to issue its Order Granting Name Change.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature
Name: _____
Address: _____
City/State/Zip: _____
Telephone: (____) _____
E-mail address: _____