

NAME CHANGE BACKGROUND INFORMATION FORM

Pursuant to CCP 1279.5, the court is required to conduct a background investigation to determine whether an applicant for name change is required to register as a sex offender pursuant to PC 290. To conduct this investigation, the following form must be completed. In the process of completing this form, **please print your information**. If any section does not apply to you, please indicate "NA".

-THIS FORM MUST BE KEPT CONFIDENTIAL-

<u>LAST NAME:</u>			<u>FIRST NAME:</u>			<u>MIDDLE NAME:</u>		
LIST ANY OTHER NAMES THAT YOU USE, INCLUDING MAIDEN NAME, BIRTH NAME OR NICKNAME:								
1.								
2.								
3.								
<u>RESIDENCE STREET ADDRESS:</u>				<u>CITY/STATE:</u>		<u>ZIP:</u>		PHONE NUMBER
<u>MAILING ADDRESS IF DIFFERENT FROM RESIDENCE:</u>							BUSINESS PHONE	
<u>DATE OF BIRTH:</u>	<u>AGE:</u>	<u>PLACE OF BIRTH:</u> <small>(STATE OR COUNTRY)</small>	<u>SEX:</u>	<u>HEIGHT:</u>	<u>WEIGHT:</u>	<u>HAIR:</u>	<u>EYES:</u>	
<u>DRIVERS LIC NO:</u>	<u>STATE:</u>	<u>EXPIRATION DATE:</u>	<u>SOCIAL SECURITY NO:</u>			<u>U.S. CITIZEN:</u>		
						YES <input type="checkbox"/> NO <input type="checkbox"/>		
<u>SCARS, MARKS OR TATTOOS: IF YES, DESCRIBE</u>								
I certify the above information is correct.								
Signature: _____						Date: _____		

<i>FOR COURT USE ONLY:</i> CASE NUMBER: _____ DATE OF APPLICATION: _____	DATE SENT TO COMMUNICATIONS: _____ DATE DUE BACK TO COURT: _____ HEARING DATE: _____
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