

**NON-REMOVABLE MILLE LACS BAND OF OJIBWE  
COURT OF CENTRAL JURISDICTION**

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In the Matter of the Petition of (Petitioner's current name):

Case File No. \_\_\_\_\_

\_\_\_\_\_  
First Middle Last

On behalf of the Minor Child(ren):

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

For a Change of Name(s) to:

Petitioner's Requested New Name:

**PETITION FOR  
NAME CHANGE  
(8 MLBS § 802)**

\_\_\_\_\_  
First Middle Last

Minor Children's Requested New Name(s):

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

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The Petitioner states that:

1. This petition for change of name(s) is filed in good faith, without an intent to defraud or mislead.
2. Petitioner  is  is not an enrolled member of the Non-Removable Mille Lacs Band of Chippewa Indians. Petitioner's enrollment number is: \_\_\_\_\_.
3. Petitioner's date of birth is: \_\_\_\_\_.

4.  Check here if Petitioner has attached a copy of driver's license or other picture identification.
5. All persons who are asking to have their names changed in the petition have lived on lands subject to the jurisdiction of the Non-Removable Mille Lacs Band of Chippewa Indians for at least one (1) year immediately prior to the date of this petition. Petitioner's residential address is:

Street Address:
Apt No.:
City, State, Zip Code:

Check this box if every person whose names will be changed resided at the same address as the Petitioner. If box is checked, then skip to **Question 5**.

If any of the persons whose name(s) is to be changed have lived at an address different from the Petitioner's listed above, state the name(s) and addresses:

Name:
Relationship to Petitioner:
<input type="checkbox"/> Is <input type="checkbox"/> is not an enrolled member of the Mille Lacs Band.
Enrollment Number: <span style="float: right;"><input type="checkbox"/> Not applicable</span>
Street Address:
City, State, Zip Code:

Name:
Relationship to Petitioner:
<input type="checkbox"/> Is <input type="checkbox"/> Is not an enrolled member of the Mille Lacs Band.
Enrollment Number: : <span style="float: right;"><input type="checkbox"/> Not applicable</span>
Street Address:
City, State, Zip Code:

Name:	
Relationship to Petitioner:	
<input type="checkbox"/> Is <input type="checkbox"/> is not an enrolled member of the Mille Lacs Band.	
Enrollment Number: :	<input type="checkbox"/> Not applicable
Street Address:	
City, State, Zip Code:	

6.  This application includes the minor child(ren) listed above. The Petitioner states that the requested name change is in the best interest(s) of the child(ren).

7. Petitioner  has  does not have a spouse.

Petitioner's spouse's name is: \_\_\_\_\_

Petitioner's spouse date of birth is: \_\_\_\_\_

Petitioner's spouse  requests  does not request a name change. Petitioner's spouse requests the new name of: \_\_\_\_\_

8. No minor child's name may be changed without both of the child's parents having notice of the pending application for change of name. The name(s) and address(es) of the non-petitioning parent(s) of the minor child(ren) is:

Biological Mother's Name:
Street Address:
City, State, Zip Code:

Biological Father's Name:
Street Address:
City, State, Zip Code:

Check this box if additional sheets with parent(s)' names is attached.

9.  The non-petitioning parent is not known and their name does not appear on the minor child(ren)'s birth certificate(s) and no recognition of parentage for the child(ren) has been signed.

10. The reason for the requested name change(s) is:

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11. Petitioner requests:

<input type="checkbox"/>	To have his/her name changed and/or the names of the other persons listed in this petition changed as indicated in the case caption above.
<input type="checkbox"/>	To have his/name and/or the names of the other persons listed in this petition be changed on the birth record(s) created or maintained by the Minnesota Department of Health as indicated in the case caption above.
<input type="checkbox"/>	To have the Minnesota Department of Health issue and register a replacement birth record(s). Petitioner further requests that the prior birth record(s) be kept confidential and the replacement birth record not to include any reference to the former name of the Petitioner's or other persons whose name(s) has been changed.

12. The Petitioner and/or other persons seeking a change of name, owns or claims a legal interest, in the following real property:

<b>A.</b>	Legal description:
<hr/> <hr/>	
Person with interest:	
Interest claim:	
<b>B.</b>	Legal description:
<hr/> <hr/>	
Person with interest:	
Interest claim:	

<b>C.</b>	Legal description:
Person with interest:	
Interest claim:	

**13.** Petitioner acknowledges that pursuant to 8 MLBS § 802(b) he or she must appear personally before the Court and prove his or her identity by at least two (2) witnesses.

Check this box if Petitioner has arranged to have two witnesses appear in court to verify Petitioner’s identity.

**VERIFICATION**

I declare under penalty of perjury that the information provided in this Petition for Name Change and any attached information is true to the best of my knowledge, information, and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner’s Signature

\_\_\_\_\_  
Petitioner’s Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email