

**IN THE TRIBAL COURT OF THE  
PRAIRIE ISLAND INDIAN COMMUNITY  
STATE OF MINNESOTA**

Attorney, Party Without Attorney or Governmental Agency  
(Name, State bar number (if applicable), and address)

Telephone Number:

Fax Number:

Attorney for:

<p>_____ ,  Petitioner.</p> <p>v.</p> <p>_____ ,  Respondent.</p>	<p style="text-align: center;">CASE NO. _____</p> <p style="text-align: center;"><b>PETITION FOR CHANGE OF NAME</b></p> <p>Date: Time: Judge:</p>
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1. Name of each petitioner:

2. Petitioner requests that the court decree the following name changes (list every name that you are seeking to change)

Present Name	Proposed Name
a.	
b.	
c.	
d.	

e.

Continued (if you are seeking to change additional names, you must prepare a list and attach it to this petition as Attachment 2)

3. Petitioner requests that the court issue an order directing all interested persons to appear and show cause why this petition for change of name of the persons identified in item 2 should not be granted.

4. The number of persons under age 18 years of age whose names are to be changed is (specify): \_\_\_\_\_

5. If this petition requests the change of name of any person or persons under 18 years, this request is being made by

a.  both parents.

b.  father only.

c.  mother only.

d.  near relative (name and relationship):

e.  guardian (name):

f.  other (specify):

6. For each person whose name is to be changed, petitioner provides the following information:

**ATTACHMENT**

**NAME AND INFORMATION ABOUT THE PERSON WHOSE NAME IS TO BE CHANGED**

Petitioner Applies for a decree to change the name of the following person

A.  Self  Other

(1) Present name:



\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

If petitioner is represented by an attorney, the attorney's signature follows):

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.)

I declare under penalty of perjury under the laws of the Prairie Island Indian Community that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)