

IN THE TRIBAL COURT FOR THE SPOKANE TRIBE OF INDIANS
ON THE SPOKANE INDIAN RESERVATION

P.O. Box 225, Wellpinit, WA 99040
Phone: (509) 258-7717 Fax: (509) 258-9223

IN THE MATTER OF:

DOB: _____

NO.

PETITION FOR CHANGE
OF NAME

Comes now _____ (Petitioner) and petitions the court for
a change of name and states under oath that the following is true:

That the petitioner is a resident of the Spokane Indian Reservation and an enrolled member of
an Indian Tribe.

Petitioner is an enrolled member of the _____ Tribe of Indians.

Minor child is an enrolled member of _____ Tribe of Indians.

The petitioners place of birth is _____

The petitioners date of birth is _____

If petitioner is a minor, parent/legal guardians name(s):

Mother/Father _____

Petitions the court for a change of name from _____

to _____.

The petitioner is seeking a name change for the following reasons:

The petitioner is not seeking a name change for any fraudulent or illegal reasons. Being duly sworn on oath deposes and says; That I am the petitioner herein, that I have read the foregoing petition for change of name and believe the same to be true.

Petitioner _____ Date: _____

If petitioner is a minor, parent/legal guardians signature:

_____ Date: _____

Subscribed and sworn to before me this _____ day of _____

Court Clerk/Notary Public

Petitioners Mailing Address:

