



**LEECH LAKE BAND OF OJIBWE
IN TRIBAL COURT**

190 Sailstar Dr. NW
Cass Lake, MN 56633
(218) 335-3682/3586

Civil Division

APPLICATION FOR NAME CHANGE

In the Matter of the Application of (current name):

First	Middle	Last
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For a change of name to (new name):

First	Middle	Last
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The undersigned applicant, sworn/affirmed on oath, states that:

1. This application is made in good faith, without intent to defraud or mislead.
2. All persons who are asking to have their names changed on this application have lived in the State of Minnesota for at least six (6) months immediately prior to the date of this application, and now live at:

Address	City	State	Zip Code
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3. Name of applicant/date of birth/and Tribal Affiliation:

4. Name of applicant's spouse/date of birth/and Tribal Affiliation:

This application does does not include spouse

5. Name(s) of minor child(ren)/date(s) of birth/and Tribal Affiliation:
 This application does not include minor child(ren) listed above.
 This application includes the following minor child(ren) listed above.

6. The name/address/and Tribal Affiliation of the non-applicant parent is: _____

 The non-applicant parent is not known and his/her name is now shown on the birth certificate.
7. Applicant requests:
 To have his/her name changed to: _____
 To have the name of his/her spouse changed to: _____
 To have the names of his/her minor child(ren) changed to: _____

8. The following parties included in this application have been convicted of a felony:

 List name, date of offense, and state. If no felony convictions, write: No felony Convictions
9. Legal description of lands in the State of Minnesota upon which the following have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary)
 Applicant: _____
 Spouse: _____
 Child(ren): _____
10. I am/am not currently involved in a victim or witness protection.
11. I am an inmate in a correctional facility and have attached the Inmate Affidavit for Name Change.

12. Other:

_____.

Date: _____

Applicant's Signature

Spouse Signature

Minor Signature (14 or older)

Address

City/State/Zip

Telephone Number

STATE OF MINNESOTA

)

LEECH LAKE RESERVATION

) ss.

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VERIFICATION

_____, being first duly sworn upon oath, states and deposes that s/he is the Applicant above-named, that s/he has read the above Application and knows the contents thereof, and the same are true except for those items stated on information and belief, and to those items s/he sincerely believes them to be true.

DATED this _____ day of _____, 20__.

Applicant Signature

Subscribed and sworn to before me, a Court Officer/Notary Public,
this _____ day of _____, 20__.

Court Officer/Notary Public