

**GRANT COUNTY DISTRICT COURT**  
**Civil Department**  
**1<sup>st</sup> & C Street, PO Box 37**  
**Ephrata, WA 98823**  
[www.grantcountywa.gov/GCDC/](http://www.grantcountywa.gov/GCDC/)

**NAME CHANGE INFORMATION**

**WHERE TO FILE**

Any person desiring to change his/her name or that of his/her child may apply to the District Court in which he/she resides. District Court hours for processing name changes are 08:30 am to 12:00 pm and 12:30 pm to 4:00 pm, Monday through Friday. Name Changes are processed only at the Civil Department located at **1<sup>st</sup> & C Street, Ephrata, WA 98823**.

**FILING**

To petition the Court you must complete the Petition for Change of Name. The clerk will provide this form. You must provide picture identification for yourself. If the petition is for a minor child, you must provide a certified copy of the birth certificate of your minor child. The Petition for Change of Name **must** be completed in blue or black ink **only**.

The filing fee is **\$182.00 CASH**, payable at the time of filing the Petition.

**MINOR CHILD NAME CHANGE**

Both birth parents must consent to a name change for a minor (under 18 years of age). If a birth parent is not available for the hearing, s/he must provide an affidavit consenting to the minor's name change. If the absent birth parent does not consent to the name change, you must serve him/her a copy of the notice of hearing and the Petition. You cannot personally serve the absent parent. Personal service must be accomplished by a process server or other adult who is not a party to the actions. The server must file proof of service with the Court.

You must diligently attempt to locate the other parent by searching the internet and by contacting her/his friends, relatives or associates. If the other parent cannot be located, you may ask the Court for an order authorizing notice by publication in a newspaper in the county of the other parent's last known address. If the order is granted, you must publish the contents of the petition and notice of hearing one time at least 10 days before the hearing. The newspaper must file with the Court an Affidavit of Publication.

***Minor children age 10 and older are required to be present at the hearing.***

**CRIMINAL CONVICTION**

An offender under the jurisdiction of the Department of Corrections (DOC) who applies to change his or her name shall submit a copy of the application to DOC not fewer than five days before the entry of an order granting the name change. No offender under the jurisdiction of DOC at the time of application shall be granted an order changing his or her name if the court

finds that doing so will interfere with legitimate penological interests. The following documents must be submitted to the court for consideration: Petition for Change of Name, proof that DOC has received a copy of the Petition and has no objection to the name being changed, and copies of your birth certificate, photo identification and social security card. An offender under the jurisdiction of DOC who receives an order changing his or her name shall submit a copy of the order to the DOC within five days of the entry of the order. A sex offender subject to registration under RCW 9A.44.130 who applies to have his or her name changed shall follow the procedures set forth in RCW 9A.44.130.

### **COPIES**

This Court provides five certified copies of the Order Changing Name. Additional certified copies are \$5.00 each. Regular copies are \$1.00 for the first page, \$.50 for every page thereafter.

### **REQUIRED NOTIFICATION TO OTHER AGENCIES**

The Order Changing Name will be recorded with the Grant County Auditor. The recording fee is included in your filing fee. If you or your minor child were born in Washington State, the Department of Vital Records requires a certified copy of the name change. You must mail the certified copy to the State Department of Vital Records, P.O. Box 9709 ET-14, Olympia, WA 98504-9709. Approximately four (4) weeks after you have sent the certified copy of the Name Change Order to the Department of Vital Records, you may request a copy of the birth certificate reflecting the name change from the local office. The charge for this is \$20.00 cash, credit card, or certified check. You should include a stamped, self-addressed envelope. The local office for vital records is the Grant County Health District, located at 1038 W. Ivy Ave., Moses Lake, WA 98837. The phone number is 509-766-7960.

The Social Security Department requests a certified copy of the name change. The local office is 301 Yakima Street, Suite 212, Wenatchee, WA 98801.

You must change the name on your driver's license. The Department of Licensing requires a copy, not certified, to issue a new license.

If you are in the military service, you will need an additional certified copy for your military records.