

1 NAME: \_\_\_\_\_

2 ADDRESS: \_\_\_\_\_

3 TELEPHONE: \_\_\_\_\_

Petitioner [ ] Pro Se

4 **IN THE TRIBAL COURT OF THE**  
5 **FORT MCDOWELL YAVAPAI NATION (ARIZONA)**

6 In the Matter of: \_\_\_\_\_ ) Case No.: \_\_\_\_\_

7 \_\_\_\_\_ )  
8 Membership #: \_\_\_\_\_ ) PETITION TO CHANGE THE  
9 DOB #: \_\_\_\_\_ ) NAME OF AN ADULT

9 CHANGE TO: \_\_\_\_\_ )

10 Membership #: \_\_\_\_\_ )

11 DOB #: \_\_\_\_\_ )

Petitioner. )

13 I request this Court to change my name from \_\_\_\_\_

14 to \_\_\_\_\_ and state in support of this Petition, as follows:

15 **JURISDICTION**

16 1. This court has subject matter jurisdiction over this matter pursuant to the FMLOC § 1-7.

17 **PARTY**

18 2. The Petitioner's name and address \_\_\_\_\_.

19 3. The Petitioner [ ] is/ [ ] is not an enrolled member of the Fort McDowell Yavapai Nation.

If not enrolled, please specify tribe (or other) \_\_\_\_\_.

20 4. The Petitioner's date of birth and the hospital's name and location \_\_\_\_\_

21 **FACTS**

22 5. The following individual(s) could be affected by this name change:

23 [ ] The following creditors: \_\_\_\_\_

1 [ ] Other individuals: \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 6. [ ] I have credit history using the current name.

5 [ ] I have no credit history for the requested name change.

6 7. I want to change my name because: \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 8. I seek this requested name change for reasons that I can be known by all, publicly and  
11 privately as: \_\_\_\_\_.

12 9. I seek this name change for the reasons specified in this Petition, and not for any fraudulent,  
13 criminal purpose or to violate any Fort McDowell Yavapai customs and traditions.

14 **THEREFORE**, I respectfully request this Court to:

15 A. Enter an Order to change my name from \_\_\_\_\_  
16 to \_\_\_\_\_.

17 B. Order the Fort McDowell Yavapai Nation Enrollment Office, Bureau of Indian Affairs, State  
18 Vital Statistics or Vital Records Offices or other appropriate agencies to change its records  
19 and public documents to reflect this Court's Order.

20 C. To grant other relief that this Court deems appropriate and necessary.

21 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

22  
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24 \_\_\_\_\_  
25 Petitioner's signature

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STATE OF ARIZONA )  
 ) SS  
County of \_\_\_\_\_ )

Petitioner \_\_\_\_\_ being first duly sworn upon oath states: I am the  
Petitioner in the above-entitled action and I have read the above Petition and know its  
contents and therefore attest that the information is correct and true to the best of my  
knowledge.

Date: \_\_\_\_\_  
\_\_\_\_\_ Petitioner's signature

SUBSCRIBED and SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires:

By: \_\_\_\_\_  
Notary Public or Court Clerk