

Sisseton Wahpeton Oyate Tribal Court PO Box 568 Agency Village, SD 57262	PETITION FOR CHANGE OF NAME	IN TRIBAL COURT CASE NO.
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IN ORDER TO PROCESS PAPER WORK IN A TIMELY MANNER WE NEED THE FOLLOWING

THERE WILL BE A \$50.00 FILING FEE AND A \$40.00 PUBLICATION FEE

ALL PARTIES INVOLVED

Plaintiff

Defendant

Mailing and Physical (if different) Address

Mailing and Physical (if different) Address

Witness

Witness

Mailing and Physical (if different) Address

Mailing and Physical (if different) Address

Other

Other

Mailing and Physical (if different) Address

Mailing and Physical (if Different) Address

TRIBAL ENROLLMENT (DOCUMENTS)

Plaintiff

Tribal Enrollment paper or Tribal ID Defendant

Defendant

Witness

Other

Telephone/cell numbers (for questions)

Plaintiff

Defendant

Witness

Witness

Other

Other

PAPER WORK WILL NOT BE PROCESSED IF THE ABOVE INFORMATION IS NOT PROVIDED

Sisseton Wahpeton Oyate Tribal Court PO Box 568 Agency Village, SD 57262	PETITION FOR CHANGE OF NAME	IN TRIBAL COURT CASE NO.
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In the Matter of the
Change of Name of:

PETITIONER OR Minor child's name

By: _____,
Parent's Name if Petitioner is a minor child

Petitioner OR (parent of minor child) _____, as and for his/her Petition
in this action, respectfully states the following:

1. Petitioner/minor child was born on _____, in
_____, _____, _____,
City County State

2. Petitioner/minor child is a resident in good faith of
_____, _____, _____,
City County State

and has been a resident there for more than six months prior to the filing of this Petition.

3. Petitioner/minor child desires to change his/her name from _____
to that of _____ for the purpose
of _____.

4. This Petition is filed in good faith and with no intent to avoid creditors nor to deceive or defraud any
person.

WHEREFORE, Petitioner prays:

1. For an Order fixing the time and place for a hearing on this petition and that the same be published once a week for four weeks in a legal newspaper for the Sisseton-Wahpeton Oyate.
2. For an Order changing Petitioner's/minor child's legal name from _____ to _____; and for such other and further relief as the Court deems just and proper.

Dated this _____ day of _____ 20____.

PETITIONER SIGNATURE

Subscribed and sworn to before me this _____ day of _____ 20____.

CLERK OF COURT

Sisseton Wahpeton Oyate Tribal Court PO Box 568 Agency Village, SD 57262	INFORMATION FOR PETITION FOR CHANGE OF NAME	IN TRIBAL COURT CASE NO.
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PETITIONER OR MINOR CHILD

1. Full Name (First, Middle, Last)_____.
2. Date of Birth (Mo., Day, Year)_____.
3. Place of Birth (City, County, State)_____.
4. Place of Residence (City, County, State)_____.
5. Length of time as resident_____.
6. Mailing address_____.
7. Enrollment Status/Address of Tribe_____.
8. Where birth record is registered (City, County, State)_____.

PETITIONER'S PARENTS

	Mother	Father
9.	Name (First, Middle, Last)_____	Name (First, Middle, Last)_____
10.	Date of Birth (Month, Day, Year)_____	Date of Birth (Month, Day, Year)_____
11.	Residence (City, County, State)_____	Residence (City, County, State)_____
12.	Mailing Address_____	Mailing Address_____
13.	Tribal Enrollment & Address_____	Tribal Enrollment & Address_____

REASONS FOR PETITION

14. State your reasons for change of name: _____
- _____
- _____
- _____

CHANGE OF NAME

15. State name in which you desire your name to be changed to,
- _____
- First, Middle, Last

REQUIRED DOCUMENTS

16. Must submit a copy of Birth Certificate.
17. Must Submit enrollment verification from tribe where enrolled.

Information Given By: _____

On this _____, day of _____, 20_____.