

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice

NOTE TO APPLICANT: A Notice Of Intent To Change Name is not required of a participant in the address confidentiality program under Chapter 15C of the General Statutes, nor is it required of an applicant who provides the clerk with evidence that the applicant is a victim of domestic violence, sexual offense, or stalking. G.S. 101-2(b).

IN THE MATTER OF THE CHANGE OF NAME

NOTICE OF INTENT TO CHANGE NAME (ADULT NAME CHANGE)

OF:	<i>True Name (First, Middle, Last format)</i>
TO:	<i>Name Sought (First, Middle, Last format)</i>

G.S. 101-2

Pursuant to G.S. 101-2, I, the undersigned, a resident of _____ County, give notice of my intent to apply to the Clerk of Superior Court of this county for a change in name as is set forth above. After 10 days from the date on which this Notice is published in the area designated by the clerk of superior court for posting notices in the county, I may apply for that change in name.

<i>Date That Notice Was Posted In Designated Area</i>	<i>Name Of Applicant (True Name)</i>	<i>Signature Of Applicant</i>
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STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
Superior Court Division
Before The Clerk

_____ County

IN THE MATTER OF THE CHANGE OF NAME

APPLICATION FOR ADULT NAME CHANGE

G.S. 101-2, -3, -4, -5, -6

OF:	<i>True Name (First, Middle, Last format)</i>	
TO:	<i>Name Sought (First, Middle, Last format)</i>	
		<i>Name And Address Of Applicant's Attorney (if applicable)</i>

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

No Yes: (explain)

NOTE TO APPLICANT: This form application is intended to assist an applicant applying for a name change under Chapter 101 of the General Statutes who intends to change the name listed on his or her birth certificate.

APPLICATION

I, undersigned applicant, apply to this court, seeking to change my name ('True Name') to the name sought listed above ('Name Sought').

In support of this Application, I state the following:

1. I, the applicant was born on (date) _____ in (county) _____, (state) _____.

2. The full name of my parent(s) as shown on my birth certificate is/are

Parent 1. _____ Parent 2. _____

3. I am at least eighteen (18) years of age and I am a bona fide resident of, and domiciled in, _____ County.

4. I am not a sex offender who is registered in accordance with Article 27A of Chapter 14 of the General Statutes.

5. I (select at least one)

- published in the area designated by the clerk of superior court for posting notices in the county the pre-application notice that I am seeking a name change, and this application is being filed at least ten (10) days after the giving of that notice.
- should be exempted from the pre-application notice requirement and these proceedings should be kept out of the public record, on the basis that I am a participant in the address confidentiality program under Chapter 15C of the General Statutes.
- should be exempted from the pre-application notice requirement and these proceedings should be kept out of the public record, on the basis that I am a victim of domestic violence, sexual offense, or stalking. (Attach or otherwise provide evidence to the Court that you are a victim – this may include law enforcement, court, or other federal or state agency records or files, and in the case of victims of domestic violence, it may include documentation from a program receiving funds from the Domestic Violence Center Fund.)

6. I (select one)

- have no outstanding tax obligations.
- have the following outstanding tax obligations: _____

7. I (select one)

- have no outstanding child support obligations.
- have the following outstanding child support obligations: _____

8. My name (select one)

- was not previously changed by law.
- was previously changed by law, and these are the circumstances of that change: (provide facts with respect to prior name change(s)) _____

APPLICATION (continued)

9. I am applying for a change of name for the following reasons: *(provide facts and considerations in support of name change)*

NOTE TO APPLICANT: *In support of your application, you should submit to the clerk the results of a state and national criminal history record check conducted by the State Bureau of Investigation, the Federal Bureau of Investigation, or a Channeler approved by the Federal Bureau of Investigation. G.S. 101-5(a)(2). You should also submit proof of good character, which proof must be made by at least two citizens of the county who know you. G.S. 101-4.*

If you have questions about how to obtain this criminal history record check, ask the clerk of superior court.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	Name Of Applicant (type or print)	
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	

APPLICANT

* See Privacy Act Notice on Back

FD-258 (Rev. 11-1-20) 1110-0046

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF. _____

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

1110-0046

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation. Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on

'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <identity@fbi.gov>.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

1. LOOP

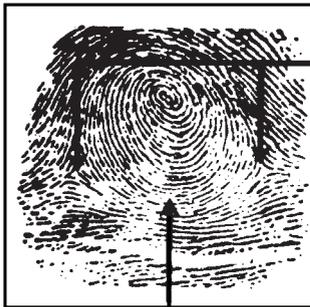


CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTAS

THESE LINES RUNNING BETWEEN
DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS