

**Commonwealth of Massachusetts  
Plymouth County Probate and Family Court**

**Change of Name  
Request for Record Information**

*(Please note: Information Required for Adult Petitioners and Minors age 10 and over)*  
*(ONE RECORD REQUEST PER PETITIONER/MINOR)*

COURT DOCKET NUMBER: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(CITY/TOWN) (STATE) (ZIP)

DATE OF BIRTH:		
MONTH:	DAY:	YEAR:
_____	_____	_____

PLACE OF BIRTH: _____	SEX: _____	HEIGHT: _____	WEIGHT: _____	RACE: _____
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FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

PETITIONER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

MAIDEN or PREVIOUS NAME or ALIAS: \_\_\_\_\_

REASON FOR INQUIRY REQUEST (Please check one)     Guardianship     Change of Name     Adoption

\_\_\_\_\_  
DATE: (SIGNATURE)

----- DO NOT WRITE BELOW THIS SPACE FOR OFFICE USE ONLY -----

PCF# \_\_\_\_\_

Remarks: \_\_\_\_\_

RECORD     COMP. BY PHONE     PHOTOCOPY     SEALED     NO RECORD     NO ADDITIONAL RECORD

\_\_\_\_\_  
(Date Processed)

\_\_\_\_\_  
(Authorized Signature)