

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am the  Petitioner  
 Attorney for the Petitioner and my Utah Bar number is \_\_\_\_\_

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

In the Matter of the Name Change of:

\_\_\_\_\_  
Petitioner

**Notice of Hearing on Petition for  
Name Change**

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

(1) I am the Petitioner in this case. I have asked the court to change my name from:

First name	
Middle name (if any)	
Surname	

to:

First name	
Middle name (if any)	
Surname on birth certificate	
Married surname (if any)	

A copy of my Petition for Name Change is attached.

- (2) The court has scheduled a hearing on this petition at the following date and time.

Date \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ [ ] a.m. [ ] p.m.

Room \_\_\_\_\_ Judge \_\_\_\_\_

- (3) If you have any objections to this petition, file them in writing with the clerk of this court and mail a copy to me at the address at the top of this document.

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date  
Typed or Printed Name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this Notice of Hearing on Petition for Name Change on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Interested Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed		
(Interested Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ►

Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_