

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR SANTA ROSA COUNTY, FLORIDA

In Re: Name Change of _____

Case No.: _____

Division: _____

Petitioner

**WAIVER OF PERSONAL APPEARANCE ON FINAL JUDGMENT
FOR CHANGE OF NAME (ADULT)**

I/We, (full legal name) _____

being sworn, certify that the following information is true:

1. The complete present name is: _____:
I request that my name be changed to: _____
2. All of the information stated in the Petition for Name Change is true and accurate.
3. My civil rights have never been suspended, or, if ever suspended, they have been fully restored.
4. I have no ulterior or illegal purpose for filing the Petition for Change of Name, and granting it will not in any manner invade the property rights of others, whether partnership, parent, goodwill, privacy, trademark, or otherwise.
5. I respectfully request that the Court waive the requirement that I personally appear or testify before the Court on this matter. I understand that the effect of the waiver is that the Final Judgment will be entered without further evidence or testimony.
6. I respectfully request that a copy of the final Judgment be mailed to me at the address listed below.

I have read completely the Waiver and fully understand the document. I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this request and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC or DEPUTY CLERK

Print Name

_____ Personally known

_____ Produced Identification

_____ Type of identification produced _____