

Sample for Reference Purposes Only. Forms have bilingual format for your convenience, but must be completed and filed with the court in English. 表格样本，仅供参考。为了提供便利，表格采用双语格式，但向法院提交的表格必须用英语填写。



CIRCUIT COURT FOR _____, MARYLAND
巡回法院 _____, 马里兰

City/County
市/县

Located at _____ Telephone _____
地址 _____ 电话 _____

Court Address
法院地址

Case No. _____
案件编号 _____

IN THE MATTER OF:
事项:

Minor's current legal name
未成年人的现用合法姓名

Address
地址

City, State, Zip
城市、州、邮政编码

FOR CHANGE OF NAME TO:
更名为:

Name petitioner wants minor to be known as
姓名申请人想要未成年人使用的名字为

**MINOR'S
未成年人**

CONSENT OBJECTION
同意 书异议

**TO CHANGE OF NAME
更名申请**

**(Md. Rule 15-901(c))
《马里兰州法规》第 15-901(c) 条)**

NOTE: Use this form to tell the court if you are at least 10 years old and consent to (agree) or object to (oppose) having your name changed.

注意: 使用本表格来告知法院您是否年满 10 周岁并同意(赞成)或拒绝(反对)更名申请。

My name is _____ I was born on _____
Your current name Your birth date

and I am _____ years old.
Age

我的姓名是 _____。我的出生日期是 _____
您的现用姓名 您的出生日期

我 _____ 岁。
年龄

My parent guardian custodian, _____, is asking the court

Name of your parent, guardian, or custodian

to change my name to _____.

Name they want you to be known as

我的 父母 监护人 看护人, _____, 要求法院
您父母、监护人或看护人的姓名

将我的名字更改为 _____。

他们想要您使用的名字

I: *(select one)*

本人: *(选择一项)*

consent to (agree) to changing my name from _____

Your current name

to _____.

Name you want you to be known as

同意 (赞成) 将自己的名字从 _____
您的现用姓名

更改为 _____。

您想使用的名字

object to (oppose) changing my name.

拒绝 (反对) 更改自己的姓名。

Date
日期

Signature
签名

Printed Name
印刷体姓名

Address
地址

City, State, Zip
城市、州、邮政编码

Telephone
电话

E-mail
电子邮件