

# ADULT

## Name Change & Sex Data Field (Gender Marker\*) Change

\*Sex data field is referred to as “gender marker” throughout this packet due to changes in the way the Dept. of Health and the Bureau of Vital Statistics have been dealing with amended birth certificates. You must ensure that all of your documents – including the court’s order – use the correct terminology of “sex data field.” Because this packet was prepared prior to this information being available we have highlighted instances where “gender marker” is incorrectly used. You should ensure you update these fields before filing and we **STRONGLY** encourage you to read this packet thoroughly.



## INSTRUCTIONS FOR COMPLETING THE FORMS FOR AN ADULT NAME CHANGE

### READ ALL INSTRUCTIONS PRIOR TO FILLING OUT ANY OF THE FORMS.

*These forms can be used only for ADULT name changes!*

In order to legally change a name you must file a Verified Petition For Adult Name Change form with the clerk of court's office in the county where you reside provided you have resided there for more than six months. You will also be required to pay the civil case filing fee. You will be referred to as the petitioner in this Adult Name Change proceeding.

You must also submit a completed **Civil Case filing Statement form (UJS-232)** to the clerk of court's office at the time of filing your verified petition. The case name should appear in the "*In the Matter of*" caption. For example, if John Smith is requesting to change his legal name to John Johnson, "John Smith's Petition for Adult Name Change to John Johnson" should be printed in the "*In the Matter of*" caption. Since you are initiating a civil action, you must check the Petitioner participant role box under the Civil case type. Please provide your personal information as requested on the form as well as the name and contact information the attorney representing you in this proceeding (if you have one).

#### **FORM UJS-025: VERIFIED PETITION FOR ADULT NAME CHANGE**

- In the caption on the top left, fill in the name of your County where the verified petition is being filed. Next, place your current name on the line below "*In the Matter of the Petition of*" and your proposed name on the line below "*For a Change of Name to.*"
- In statement 1, fill in your current name (first, middle and last).
- In statement 2, fill in your name as it appears on your birth certificate.
- In statement 2, fill in your age and date of birth.
- In statement 4, circle whether, at the time of your birth, you were a male or female.
- In statement 5, fill in the city, county and state where you were born.
- In statement 6, fill in the first, middle and maiden name of your mother, as it appears on your birth certificate.
- In statement 7, fill in the date of birth of your mother as well as the city, county and state where she was born.
- In statement 8, fill in the full name of your father as it appears on your birth certificate. If your father is not listed on your birth certificate, enter "N/A."
- In statement 9, fill in the date of birth of your father as well as the city, county and state where he was born.
- In statement 10, fill in your current street address, city, and county name.
- In statement 11, fill in the name of the county where you have resided for the 6 months before filing this Petition.
- In statement 12, fill in the name change and **gender marker** change information.
- In statement 13, briefly explain the reason you want to change your name. This must be completed or the petition will not be accepted.
- In statement 14 identify the person/entity that provided the requisite mental health counseling to obtain a recommendation to begin gender confirming clinical treatment.

- In statement 15, identify the medical doctor providing clinical treatment for gender transition. \*\*\*\*Attach a copy of the form letter certifying gender change from your medical doctor.
- Statement 16 is a request for an amended birth certificate that is not marked as amended.
- Statement 17 is your promise that you are not requesting the name change for any illegal purpose.
- Date the verified petition with the day, month and year.
- On the first line, sign your first, middle and last names.
- On the remaining lines, enter your personal information.

**Do not fill out the verification until you are in the presence of a Notary Public or Clerk of Court. Make sure to bring identification to show the Notary Public or Clerk of Court. A Notary Public can usually be found at the bank and sometimes at the courthouse. If you are unable to take it to the clerk of court office yourself, you may sign it before a notary and send it in. Make sure you include a self-addressed, stamped envelope for any file-stamped copies that you desire.**

- **WARNING: By signing your name, you are telling the court that you are telling the truth and that you have a good faith reason for your requests. If you are not telling the truth, if you are misleading the court, or if you are serving or filing this document for an improper purpose, the court could find you in contempt or you could be prosecuted for not telling the truth.**

All references to "your birth certificate" are to your CURRENT birth certificate.

#### **FORM UJS-026: NOTICE OF HEARING FOR ADULT NAME CHANGE**

SDCI, 21-37-4. Notice of the hearing on the change of an adult's name, stating the time and place and object thereof with the old and proposed names of the petitioner, shall be given by publishing this once each week for four successive weeks in any legal newspaper of the county of petitioner's residence. It is beneficial to know when the newspaper publishes notices as well as the expense thereof when scheduling your hearing so you know you have given yourself time to publish completely before the hearing.

- In the caption on the top left, fill in the name of your county where the verified petition is being filed. Next, place your current name on the line below "*In the Matter of the Petition of*" and your proposed name on the line below "*For a Change of Name to.*"
- In the Notice portion fill in your current name after "*filed by*" and your proposed name after
  - "*name to.*"
- The court clerk will provide you with a date and time, at least five weeks in the future, for a hearing. Fill in the day, month, and year, followed by the time and circle am or pm.
- Next, fill in your current name followed by your proposed name.
- A Judge or clerk of court must sign, not the petitioner.

The completed **Form UJS-025 Verified Petition for Adult Name Change** and the **Form UJS-026 Notice of Hearing for Adult Name Change** must be filed with the clerk of court office. You will be required to pay the civil filing fee at the time of filing. Once the forms have been filed, the court clerk will give you a copy of the filed **Form UJS-026 Notice of Hearing for Change of Name**. You must publish this once each week for four successive weeks in any legal newspaper of the county of petitioner's residence. Once completed, the newspaper will provide you with an **Affidavit of Publication**. You must file this Affidavit with the clerk of court office on or before the day of the scheduled hearing.

## FORM UJS-027: ORDER FOR ADULT NAME CHANGE

- In the caption at the top left, fill in the name of your county where the verified petition is being filed. Next, place your current name on the line below "*In the Matter of the Petition of*" and your proposed name on the line below "*For a Change of Name to.*"
- Fill in the day, month, and year of your hearing.
- Fill in your name (first, middle and last) following "*the petitioner.*"
- Fill in the county where you live and the county where you resided for the six months prior to filing the Petition.
- Fill in the name of the legal newspaper in which the **Notice of Hearing** was published.
- Fill in your first, middle and last name as it appears on your birth certificate.
- Fill in your date of birth.
- Fill in the state, county and city where you were born.
- Fill in your mother's first, middle and maiden name as it appears on your birth certificate.
- Fill in your father's first, middle and last name as it appears on your birth certificate. If your father is not listed on your birth certificate, enter "N/A."
- Fill in your name as it appears on your birth certificate; fill in your proposed name after the term "should be changed to."
- Fill in your name as it appears on your birth certificate; fill in your proposed name after the term "shall be changed to the name of."
- Fill in your name as it appears on your birth certificate; fill in your proposed name after the term "to the name of."
- Give the **Order for Adult Name Change** to the Judge when they ask for it.

You need to bring to the hearing a copy of your current birth certificate, along with two copies of the **Order for Adult Name Change**.

The Judge may sign and date the **Form UJS-027 Order for Adult Name Change**. If signed, the **Form UJS-027 Order for Adult Name Change** will need to be filed as well. The Judge will return the signed order to the clerk of court office for filing. Once the **Form UJS-027 Order for Adult Name Change** is filed, you are eligible to receive a certified copy of the order and you will be legally known by your new name.

**OBTAINING A NEW BIRTH CERTIFICATE:** If your original birth certificate is from South Dakota, you need to submit a certified copy of the **Order for Adult Name Change** along with \$8.00 check or money order, payable to the Department of Health, Office of Vital Records, to the following address:

Office of Vital Records  
South Dakota Department of Health  
207 E. Missouri Ave., Suite 1A  
Pierre, SD 57501

This fee and submission will amend the birth certificate, but you will not be provided with an informational or certified copy of the birth certificate. Please contact your Register of Deeds office to obtain a certified copy of the birth certificate for \$15.00.

If you were born in a different state, you need to contact the Vital Records Office of that state to determine the process and applicable fee to amend your birth certificate.

**NOTE:** South Dakota law allows certain family members to file more than one name change request in one petition. See SDCL §21-37-3.1. You must fill out a separate **Form UJS-025 Verified Petition**

**for Adult Name Change** for each person; however, they may be filed together and addressed at the same hearing.

**If you have questions regarding the change of name procedure, you may contact the Legal Form Help Line at 1-855-784-0004. If you have any questions of a legal nature, please contact an attorney of your choosing.**

**CASE FILING STATEMENT – Information Only; Not Retained in Case Records**

Provide the Case File No. for the record you are filing into or the Case Type if initiating a new action:

\*A list of case types and party roles can be found here: <https://uis.sd.gov/Attorneys/FormsDocumentation.aspx>

**Social Security Numbers (not Driver's License Numbers) must be provided for divorce, child support, & paternity cases, 42 USC 666(a)(13)(B).** All filers are **required** to provide the SSN **or** DL# for each of **their** participants regardless of the case type. Business entities must provide the EIN number in lieu of SSN or DL#.

**INFORMATION FOR PLAINTIFF/PETITIONER or :**

Last/Business Name	First Name	Middle	Suffix
Physical Address <input type="checkbox"/> Check if Same as Mailing	City	State	Zip
Mailing Address	City	State	Zip
Home	Work	Cell	
Social Security No. Attorney:	Date of Birth	Driver's License No.	Employer ID (Business)
Last Name	First Name	State Bar ID No.	
Mailing Address	City	State	Zip
Phone			

**INFORMATION FOR DEFENDANT/RESPONDENT or :**

Last/Business Name	First Name	Middle	Suffix
Physical Address <input type="checkbox"/> Check if Same as Mailing	City	State	Zip
Mailing Address	City	State	Zip
Home	Work	Cell	
Social Security No. Attorney:	Date of Birth	Driver's License No.	Employer ID (Business)
Last Name	First Name	State Bar ID No.	
Mailing Address	City	State	Zip
Phone			

STATE OF SOUTH DAKOTA )  
 )  
 COUNTY OF \_\_\_\_\_ )

IN CIRCUIT COURT

)ss:

\_\_\_\_\_ JUDICIAL CIRCUIT

\*\*\*\*\*

In the Matter of the Petition of )  
 )  
 \_\_\_\_\_ )  
 (Current Name) )  
 )  
 For a Change of Name to )  
 )  
 \_\_\_\_\_ )  
 (Proposed Name) )  
 )

CIV: \_\_\_\_\_

**VERIFIED  
 PETITION FOR ADULT  
 NAME AND GENDER MARKER  
 CHANGE**

\*\*\*\*\*

COMES NOW Petitioner and does hereby state, under oath as follows:

1. Petitioner's current name is \_\_\_\_\_.
2. Petitioner's full name, as it appears on Petitioner's birth certificate, is \_\_\_\_\_  
 \_\_\_\_\_.
3. Petitioner is an adult \_\_\_\_\_ years of age; date of birth: \_\_\_\_\_.
4. Petitioner's gender as it appears on Petitioner's birth certificate is \_\_\_\_\_.
5. Petitioner was born in \_\_\_\_\_, \_\_\_\_\_ County, State  
 of \_\_\_\_\_.
6. The full maiden name of Petitioner's mother is \_\_\_\_\_.
7. The month, day and year of Petitioner's mother's birth was \_\_\_\_\_ and  
 she was born in \_\_\_\_\_, \_\_\_\_\_ County, State of  
 \_\_\_\_\_.
8. The full name of Petitioner's father as it appears on Petitioner's birth certificate is  
 \_\_\_\_\_.



9. Petitioner's father was born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and he was born in \_\_\_\_\_ County, State of \_\_\_\_\_.
10. Petitioner's street address is \_\_\_\_\_, \_\_\_\_\_ County, South Dakota.
11. Petitioner has been a resident of \_\_\_\_\_ County, South Dakota for more than six months prior to filing this petition.
12. I am requesting that the Department of Health Office of Vital Records create an amended birth certificate that is not marked as amended by changing my name on the birth certificate from \_\_\_\_\_ to the name of \_\_\_\_\_ and changing my gender marker on the birth certificate from \_\_\_\_\_ to \_\_\_\_\_.
13. The reason for wanting these changes is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. I have participated in the requisite mental health counseling from \_\_\_\_\_ to obtain a recommendation to begin gender confirming clinical treatment.
15. Attached hereto and incorporated herein is a letter provided by \_\_\_\_\_ confirming I am receiving appropriate clinical treatment for gender transition.
16. Pursuant to ARSD 44:09:05:09(4), I am requesting that the amended birth certificate contain no

indication on its face that it is an amended certificate. I am requesting that the original birth certificate be sealed.

17. This petition is made in good faith, I do not intend to defraud anyone, and it is not done for the purpose of hiding my identity from any person, creditor or governmental agency of any kind or as to avoid discovery by such person, creditor or governmental agency.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Petitioner (Signature)

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, ZIP code

\_\_\_\_\_  
Telephone Number

**VERIFICATION**

STATE OF SOUTH DAKOTA        )  
  ): SS  
COUNTY OF \_\_\_\_\_ )

Petitioner, being first duly sworn, deposes and states that he or she verifies the facts expressed within the Verified Petition for Adult Name Change are true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Petitioner's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Clerk of Court

(SEAL)

If Notary, my commission expires: \_\_\_\_\_

Letter Certifying Applicant's Gender Change

I, \_\_\_\_\_,  
(Physician's Full Name)

\_\_\_\_\_, \_\_\_\_\_,  
(Physician's medical license/certificate number) (Issuing State/Country of license/certificate)

am the physician of \_\_\_\_\_,  
(Name of Patient)

\_\_\_\_\_  
(Date of Birth of Patient)

with whom I have a doctor/patient relationship and whom I have treated, or  
with whom I have a doctor/patient relationship and whose medical history I  
have reviewed and evaluated.

\_\_\_\_\_  
(Name of Patient)

has had appropriate clinical treatment for transition to male female.

I declare under penalty of perjury under the laws of the United States that the  
foregoing is true and correct.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Typed Name of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Phone Number

STATE OF SOUTH DAKOTA )

IN CIRCUIT COURT

COUNTY OF \_\_\_\_\_ )

)SS:

\_\_\_\_\_ JUDICIAL CIRCUIT

\*\*\*\*\*

In the Matter of the Petition of )

\_\_\_\_\_  
(Current Name) )

CIV: \_\_\_\_\_

For a Change of Name to )

**NOTICE OF HEARING  
FOR ADULT NAME AND GENDER  
MARKER CHANGE**

\_\_\_\_\_  
(Proposed Name) )

\*\*\*\*\*

NOTICE IS HEREBY GIVEN a Verified Petition for Adult Name And Gender Change has been filed by \_\_\_\_\_ the object and prayer of which is to change Petitioner's name from \_\_\_\_\_ to \_\_\_\_\_. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the hour of \_\_\_\_\_ : \_\_\_\_\_ am/pm said verified petition will be heard by this Court before the Honorable \_\_\_\_\_ Presiding, at the Court Room in the \_\_\_\_\_ County Courthouse, City of \_\_\_\_\_, \_\_\_\_\_ County, South Dakota, or as soon thereafter as is convenient for the court. Anyone may come and appear at that time and place and show reasons, if any, why said changes should not be made as requested.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, South Dakota.

\_\_\_\_\_  
Circuit Court Judge or Clerk of Court

ATTEST:

\_\_\_\_\_  
Clerk of Court  
By: \_\_\_\_\_  
Deputy

STATE OF SOUTH DAKOTA )  
 )ss:  
COUNTY OF \_\_\_\_\_ )

IN CIRCUIT COURT  
\_\_\_\_\_ JUDICIAL CIRCUIT

\*\*\*\*\*

In the Matter of the Petition of )  
 )  
\_\_\_\_\_) )  
(Current Name) )  
 )  
For a Change of Name to )  
 )  
\_\_\_\_\_) )  
(Proposed Name) )  
 )

CIV: \_\_\_\_\_

**ORDER FOR ADULT NAME  
AND GENDER MARKER CHANGE**

\*\*\*\*\*

The above-entitled matter having come before this Court, on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_; the Petitioner \_\_\_\_\_,

appearing personally and no one appearing in opposition to said Verified Petition for Adult Name  
and Gender Marker Change; now, upon the testimony, evidence and entire record, it is, by the  
Court **FOUND AND DETERMINED** that the Court has full and complete jurisdiction of the  
subject matter hereof pursuant to SDCL chapter 21-37, SDCL 34-25-51, and ARSD 44:09:05:02;  
and it is further

**FOUND AND DETERMINED** that at the time of filing the Verified Petition for Adult  
Name and Gender Marker Change herein, the Petitioner is a resident of \_\_\_\_\_  
County, South Dakota and has been a bona fide resident of \_\_\_\_\_ County, South  
Dakota for more than six months prior to the filing of the petition; and it is further

**FOUND AND DETERMINED** that notice of the proposed change was given by  
publication of the same once each week for four successive weeks as required by SDCL § 21-37-4  
as shown by the Affidavit of Publication of \_\_\_\_\_ (name of legal  
county newspaper) on file herein; and it is further

**FOUND AND DETERMINED** that:

1. Petitioner's full name on petitioner's birth certificate is \_\_\_\_\_  
\_\_\_\_\_;
2. Petitioner's date of birth is \_\_\_\_\_;
3. Petitioner was born in the State of \_\_\_\_\_, County of \_\_\_\_\_, and city or town of \_\_\_\_\_;
4. Petitioner's mother's full maiden name as it appears on petitioner's birth certificate is \_\_\_\_\_;
5. Petitioner's father's full name as it appears on petitioner's birth certificate is \_\_\_\_\_;
6. Petitioner's **gender marker** on petitioner's birth certificate is \_\_\_\_\_;
7. Petitioner has received / is receiving the appropriate clinical treatment for gender transition to the new gender of \_\_\_\_\_;  
and it is further

**FOUND AND DETERMINED** that the allegations set forth in the Verified Petition for Adult Name and **Gender Marker** Change are true and there is reasonable and proper cause for changing the name and **gender marker** of the petitioner;

**NOW, THEREFORE, IT IS**

**ORDERED, ADJUDGED AND DECREED**, that the name of the petitioner, as it appears on petitioner's birth certificate, \_\_\_\_\_ shall be changed to \_\_\_\_\_ and the petitioner's **gender marker** on the petitioner's birth certificate shall be changed from \_\_\_\_\_ to \_\_\_\_\_. This Order shall be entered by the clerk; and it is further

**ORDERED, ADJUDGED AND DECREED**, that the petitioner will provide the Department of Health Office of Vital Records in the state where the petitioner was born with a certified copy this "Order for Adult Name and Gender Marker Change" and pay Department of Health Office of Vital Records the applicable filing fee for amending the birth certificate; that the Department of Health, Office of Vital Records in the state where the petitioner was born shall locate the petitioner's birth certificate using the identifying information above, verify that information within the state's vital records registration system, and, within a reasonable time after receiving both the certified copy of this "Order for Adult Name and Gender Marker Change" and the applicable fee from petitioner, create an amended birth certificate that is not marked amended by changing the petitioner's name of \_\_\_\_\_, currently on the birth certificate, to the name of \_\_\_\_\_ and the petitioner's gender of \_\_\_\_\_ currently on the birth certificate, to the gender of \_\_\_\_\_. The original birth certificate shall be sealed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By The Court

\_\_\_\_\_  
Circuit Court Judge

ATTEST:

\_\_\_\_\_  
Clerk of Courts

By: \_\_\_\_\_

Deputy