

**GUAM FAMILY LAW OFFICE**

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**NAME CHANGE WORKSHEET**

**INSTRUCTIONS:** *Before you meet with Attorney Bill Pesch, please complete the following information. Fill out all questions to the best of your knowledge. You may attach additional sheets of paper, if needed.*

This name change is for:  An Adult  A Child

If this name change is for a minor, what adult is petitioning for the child?

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

What is the relationship between the minor and adult Petitioner? \_\_\_\_\_

If the name change is for a minor, who is the minor's mother:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Will the mother agree to the name change?  Yes  No  Don't know

If the name change is for a minor, who is the minor's father:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Will the father agree to the name change?  Yes  No  Don't know

**CURRENT FULL NAME OF PERSON WISHING TO CHANGE NAME:** *(Please do not use initials)*

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Place of birth: City/Village \_\_\_\_\_ State/Territory \_\_\_\_\_

Country \_\_\_\_\_

Gender:  Male  Female

**WHAT WILL BE THE NEW NAME?**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**EXPLAIN WHY YOU ARE REQUESTING THE NAME CHANGE:** \_\_\_\_\_

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**HOW DID YOU FIND OUT ABOUT THE GUAM FAMILY LAW OFFICE?**

Newspaper     From sign on building

From the internet     Referral from \_\_\_\_\_

Other (Please explain): \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE BIRTH CERTIFICATE FOR THE PERSON  
WISHING TO CHANGE HIS/HER NAME.**