INTAKE FORM: ADULT NAME CHANGE

CONTACT INFORMATION:

Name: _____ Name you wish to change to: Telephone Number: Date of Birth: ; Place of birth (city/county/state) What county do you live in? Length of time at address: _____ [Note: Must live in Illinois for at least 6 months] **BACKGROUND INFORMATION:** Please explain if the answer is yes to any of the below questions: 1) Have you been convicted of a felony or misdemeanor or placed on probation for a felony or misdemeanor in IL or any other state? If you been convicted of a crime, description of felony or misdemeanor______; Date of conviction or probation_____; Sentence received_____; Date sentence completed_____; Pardoned Yes/No. 2) Have you been convicted of or placed on probation for identity theft or aggravated identity theft in IL or any other state? If yes, please explain: 3) Have you been convicted or placed on probation for a felony or misdemeanor that requires you to register as a sex offender in IL or any other state? If yes, please explains: ______. **REASONS FOR NAME CHANGE:** What is your favorite drink?