

FELON NAME CHANGE NOTICE
Pursuant to Minnesota Statute 259.13

State of Minnesota * County _____

In the Matter of the Application of:

First Middle Last

For a change of name to:

First Middle Last

To: *(check all that apply)*

_____ Prosecuting Authority for _____
(Print County and State where convicted – you must send notice)

_____ Attorney General, State of Minnesota
(must also be served if conviction is federal or out of state)

This notice is to inform you that the Applicant has applied for a change of name in the County of _____ by applying for a Marriage License with a Change of Name.

A copy of the Application showing the present full legal name and the requested name is attached. Any correspondence concerning this Application should be addressed to the *(Insert the name & address of the Local Registrar for your county)*

This notice is served to comply with Minnesota Statute 259.13. According to this statute you have 30 days from the date of this service to file a written objection with the Local Registrar for _____ County.

Dated: _____

Signature & Address:

