

Confederated Tribes of Siletz

INSTRUCTIONS FOR NAME CHANGE FORMS

PART I

- ❖ Read the Name Change Ordinance
<http://www.ctsi.nsn.us/uploads/downloads/Ordinances/Name%20Change%20Ordinance%2010-20-2017.pdf>
- ❖ Complete the appropriate form for **Siletz Tribal Court Records Information**, and petition (petition must be notarized)
- ❖ **File the forms** in Tribal Court by faxing, mailing or bringing, in person, along with **\$50.00 filing fee**
- ❖ When the forms are filed, a **Hearing Date will be set**; you will receive a Hearing Notice
- ❖ Post the **Notice of Hearing for Change of Name** in two public places for 14 days
- ❖ Complete the **Affidavit of Posting Notice of Hearing** after the 14 days have passed (affidavit must be notarized)
- ❖ **File the Affidavit** in Tribal Court by fax, mail, or you may file it in Tribal Court on the day of your hearing

PART II

- ❖ After the hearing, if your name change is granted, post the Notice of Name Change Decree for 14 days in a public place.
- ❖ File the Affidavit of Posting Name Change Decree in Tribal Court by fax, mail or in person.
- ❖ A Certified copy of the Decree of Name Change will be mailed to you after the 14 days have passed, and you have filed the Affidavit of Posting Name Change Decree in Siletz Tribal Court.
- ❖ You are responsible after receiving your certified copy of Decree to contact agencies necessary to change your personal documents such as social security card, driver's license, etc. Tribal Court will forward a certified copy to the Enrollment Department of the Confederated Tribes of Siletz Indians of Oregon.

If you have any questions, please contact Tribal Court at 1-800-922-1399 ext. 1228.



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

**PETITION FOR NAME CHANGE
(ADULT)**

CASE NO.

Court Address
P.O. Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228
(541) 444-8270 Fax

IN THE MATTER OF A PETITION TO CHANGE OF NAME OF:

Name of Petitioner _____ DOB _____ Siletz Tribal Roll # _____

REQUESTED CHANGE OF NAME FROM: _____

REQUESTED CHANGE OF NAME TO: _____

Petitioner(s) Name and Address

Petitioner requests a hearing on Petition to change name from _____

to _____. This name change is not requested for any purpose inconsistent with the public interest. **Reason for request:**

Signature of Petitioner

Petitioner(s) Name (type or print)

State of _____)

County of _____)

ss.

I, _____, being first sworn on oath depose and say that I am the Petitioner for the change of name in this case; I have prepared the preceding petition, know its contents, and I believe it to be true.

Signature of Petitioner

Subscribed and sworn to before me this _____ day of _____, 20____.
Notary Public for the State of Oregon

Notary Signature

My Commission expires: _____