

INSTRUCTIONS FOR FILING AN ADULT NAME CHANGE – CHESTER COUNTY

Disclaimer: The Eastern PA Trans Equity Project is not a provider of legal services and neither it or any of its representatives are licensed attorneys. The information contained in this website concerning name change procedures has been taken from public sources and is meant to give general information to the public for educational purposes only. All such information is provided as-is with no warranty, express or implied, regarding its accuracy. The information was obtained 1 Jan 2020, but laws, regulations and court procedures change and Eastern PA Trans Equity Project is under no obligation to monitor these changes or to update this information. It is your responsibility to seek out and comply with all applicable laws, regulation and court procedures then in effect in order to properly change your name. Please also note that the information provided is not specific to your individual situation. If you have any questions or concerns, including any questions or concerns regarding your individual circumstances, you should speak with an attorney licensed to practice law and actually practicing law in the court jurisdiction in which you live. Use of the Eastern PA Trans Equity Project's services does not, in and of itself or in conjunction with any other circumstance, create an attorney-client relationship between you and Eastern PA Trans Equity Project or any of its representatives. By using this website, you acknowledge and consent to the above and knowingly and intentionally waive and release any claims, causes of action, losses or damages you may have against Eastern PA Trans Equity Project arising out of the information made available to you through this website.

Important note: Although the forms provided on this site are compliant with State law, some counties require name change applicants to use the forms provided by their county's court. Check with your local court clerk or Prothonotary's office to make sure you are following the proper filing procedures.

1. Attached are the forms you will need to Petition the Court for a Change of Name along with asking for a waiver of the publication requirement. These must be completed in full. Print and complete three (3) copies of this paperwork.
2. Filing your Petition requires that you first be fingerprinted the Sheriff's Office, Suite 1201 is located in the Justice Center at 201 W. Market Street, West Chester, Pennsylvania 19830 (610-344-6850) conduct this service. Pennsylvania State Police, or most local Police Departments may also assist with finger printing, it is your responsibility to contact them.
3. Bring two (2) copies of the attached Court documents along with fingerprint card and a stamped envelope with postage to the Prothonotary's Office, Suite 1425 in the Justice Center at 201 W. Market Street, West Chester, Pennsylvania 19830 (610-344-6300). There you will submit your paperwork and pay your filing fees. They will then assign your case a docket number.
4. Go to the Court Administrator's Office Suite 4100 which is also located on the 4th floor in the Justice Center, where they will set up a Hearing Date(s) which will be within ninety (90) days or close as possible.
5. Then then return to the Prothonotary Office with the completed petition with the hearing date, the fingerprint card and the envelope with postage. A Prothonotary clerk will use the envelope to mail the petition and fingerprint card off to the State Police. The State Police have sixty (60) days to get the report back to the Court (Prothonotary's Office).
6. NAME SEARCH: A Name Search is required from the following offices, it is done in part to inform the court of any outstanding debts or taxes a petitioner owes, and/or of any criminal conviction information, if applicable (some crimes preclude a name change). Contact each office to arrange for the search and it's requirements:
 - Immediately following the filing of the petition it is suggested you make arrangements for the name search with the Recorder of Deeds, (610-344-6330) located at 313 W. Market Street, Pennsylvania. 19380 in Suite 3302. You may stop in, call or email your Name Search request to us. You will be

asked to provide: 1) hearing date, 2) current name (the one to be changed, 3) whether the Petition is for a minor, 4) name of any spouse, 5) contact person and phone number in case of further questions.

- You will also need to visit or contact: Register of Wills/Clerk of Orphan's Court, Suite 2200, (610-344-6335) AND Clerk of Courts, Suite 1400 (610-344-6135) both are located in the Justice Center at 201 W. Market Street, West Chester, Pa. 19380.
7. PUBLICATION NOTICE: You may ask the Court to waive the publication requirement for reasons of personal safety. This is recommended for people of transgender experience. You will likely have to appear before a judge to explain why you wish them to waive the requirement. The judge may choose to require you to publish anyway.
- To ask the Court for a waiver, complete section 5(b) on the "Petition for Name Change." We recommend that you either note any specific threats or harassment you have experienced in this section OR use the following language: *"Transgender individuals are subject to rates of violence and harassment that are significantly higher than the general public. A 2015 study by the National Center for Transgender Equality indicated that 46% of transgender people were verbally harassed and 9% were physically attacked within the past year."*
 - If you need to publish: you will be directed to give notice of the filing with date of the hearing by publication in two (2) newspapers. 1.) Notice MUST be published in the Chester County Law Reporter, 15 West Gay Street, 2nd Floor West Chester, PA. 19380 (610) 692-1889; which is the official publication for Legal Notices for Chester County. 2.) The notice MUST ALSO be published in one (1) of the following newspapers of general circulation within Chester County. Daily Local News, Legals@dailylocal.com, or Pottstown Mercury, Legals@pottsmmerc.com. both are located at 390 Eagleview Blvd. Exton, PA 19341, you may call Classifieds at 610-430-1199.
8. ON THE DAY OF HEARING: Prior to going to court, you will visit each of these three offices to collect the prepared Name Search Certificates.
- Recorder of Deeds: 313 West Market Street, Westchester
 - Register of Wills/Clerk of Orphan's Court, Suite 2200, the Justice Center at 201 W. Market Street, West Chester, Pa. (610-344-6335)
 - Clerk of Courts, Suite 1400 (610-344-6135)
9. COURT HEARING:
- Dress in clothes you would wear to a job interview and appropriate to your preferred gender.
 - Bring copies of all paperwork with you to the Courthouse. This must include Proof of Publication if you were required to do so.
 - Then go to the assigned Courtroom at least 15 minutes before the scheduled hearing.
 - Check-in with the Bailiff to ensure your case is on the docket and then wait for your case to be called.
 - Address the Judge as "Your Honor" Example: "Good morning Your Honor, if it please the Court I am requesting consideration of my name change petition. The Judge may ask you why you want to do this, and you can tell him/her the reasons why you want a name change. Keep all answers short and respectful.
 - Assuming no one objects, the Judge should sign an order granting your petition. It is possible that you will be able to obtain certified copies of the Order the same day.
10. Obtaining Copies of Your Name Change Order
- You should buy as many additional certified copies as you think you might need – for example, they are needed for your new driver's license, social security and new birth certificate. You may want additional copies for changing your medical records at the hospital, your bank records, your employer and various other entities with which you may need to have records changed to reflect your new name and gender.

11. FEES: Various fees apply to the steps outlined above. Contact each office for specific information on their fees. Late and/or same day request may require additional fees and/or be denied. You must verify with each department if they accept personal checks, credit cards or etc.

CHANGING YOUR IDENTIFICATION DOCUMENTS

1. Physician's Letter: Attached to this document is a template of a letter for completion by the physician who is treating you for gender dysphoria, i.e. Hormone Replacement Therapy and/or gender confirmation surgery. This is needed to effect gender change on your birth certificate, and social security card.
2. Pennsylvania Driver's License: Complete Form [DL-32](#). Take that form, a certified copy of your name change and your existing driver's license to the PennDOT office where you will apply for your new driver's license (typically form [DL-80](#)). Assuming new problems, you will be issued a new license, with a new photo and it will reflect your new gender. Congratulations!
3. Social Security: Go to the local Social Security Office with your existing Social Security Card, a certified copy of your name change and a copy of the physician's letter. You will be processed for a new card with your new name and will receive it in the mail in about a week.
4. Pennsylvania Birth Certificate: Here is the information regarding acquisition of a corrected Pennsylvania Birth Certificate:

As of August 8, 2016, [Pennsylvania Department of Health policy](#) allows individuals to update the gender marker on their birth certificate with a letter from a physician stating that they have had appropriate clinical treatment for gender transition.

To apply for an amended birth certificate, applicants over the age of 18 should submit:

1. The birth certificate with the requested changes on the reverse side, or if you don't have the birth certificate complete a [Correction Form](#) with the requested changes listed;
2. An [Application for Certified Copy of Birth Record](#);
3. A copy of your government-issued photo ID (driver's license) that verifies legal name and mailing address (listed gender does not matter), or two other forms of identification;
4. A check or money order for \$20;
5. A physician's statement on office letterhead saying that the applicant has had appropriate clinical treatment for gender transition.
6. Mail completed affidavit form, documents, application, fee and ID to:

*Division of Vital Records
101 S. Mercer Street P.O. Box 1528
New Castle, PA 16103*

SAMPLE PHYSICIAN LETTER (Must be on Physician letterhead)

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 attending physician of and have a doctor/patient relationship with

_____, _____
(Name of Patient) (Date of Birth of Patient)

_____, has had
(Name of Patient)

appropriate clinical treatment for gender transition to the new gender of

male female.

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

Physician's Address

Typed Name of Physician

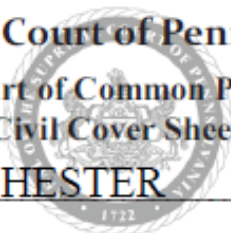
Date

Physician's Phone Number

Supreme Court of Pennsylvania

Court of Common Pleas
Civil Cover Sheet

CHESTER County



<i>For Prothonotary Use Only:</i>	TIME STAMP
Docket No: _____	

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A	Commencement of Action:	
	<input type="checkbox"/> Complaint	<input type="checkbox"/> Writ of Summons
	<input type="checkbox"/> Transfer from Another Jurisdiction	<input checked="" type="checkbox"/> Petition
		<input type="checkbox"/> Declaration of Taking
	Lead Plaintiff's Name: _____	
Lead Defendant's Name: _____		
Are money damages requested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Dollar Amount Requested: <input type="checkbox"/> within arbitration limits (check one) <input type="checkbox"/> outside arbitration limits		
Is this a <i>Class Action Suit</i> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this an <i>MDJ Appeal</i> ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Plaintiff/Appellant's Attorney: _____		
<input type="checkbox"/> Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)		

SECTION B	Nature of the Case: Place an "X" to the left of the <u>ONE</u> case category that most accurately describes your PRIMARY CASE . If you are making more than one type of claim, check the one that you consider most important.		
	TORT (<i>do not include Mass Tort</i>) <input type="checkbox"/> Intentional <input type="checkbox"/> Malicious Prosecution <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Nuisance <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability (<i>does not include mass tort</i>) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: _____	CONTRACT (<i>do not include Judgments</i>) <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Debt Collection: Credit Card <input type="checkbox"/> Debt Collection: Other _____ <input type="checkbox"/> Employment Dispute: Discrimination <input type="checkbox"/> Employment Dispute: Other _____ <input type="checkbox"/> Other: _____	CIVIL APPEALS Administrative Agencies <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Board of Elections <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Statutory Appeal: Other _____ <input type="checkbox"/> Zoning Board <input type="checkbox"/> Other: _____
	MASS TORT <input type="checkbox"/> Asbestos <input type="checkbox"/> Tobacco <input type="checkbox"/> Toxic Tort - DES <input type="checkbox"/> Toxic Tort - Implant <input type="checkbox"/> Toxic Waste <input type="checkbox"/> Other: _____	REAL PROPERTY <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Ground Rent <input type="checkbox"/> Landlord/Tenant Dispute <input type="checkbox"/> Mortgage Foreclosure: Residential <input type="checkbox"/> Mortgage Foreclosure: Commercial <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Other: _____	MISCELLANEOUS <input type="checkbox"/> Common Law/Statutory Arbitration <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mandamus <input type="checkbox"/> Non-Domestic Relations Restraining Order <input type="checkbox"/> Quo Warranto <input type="checkbox"/> Replevin <input checked="" type="checkbox"/> Other: _____ Name Change _____
	PROFESSIONAL LIABILITY <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____		



Chester County Court of Common Pleas Cover Sheet

Docket No: _____

Plaintiff(s): (Name, Address)	Plaintiff's/Appellant's Attorney (circle one) (Name, firm, address, telephone and attorney ID#)
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Defendant(s): (Name, Address)	Are there any related cases? Please provide case nos.
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Defendants who are proceeding without counsel are strongly urged to file with the Prothonotary a written statement of an address AND a telephone number at which they can be reached.

If this is an appeal from a Magisterial District Judgment, was appellant Plaintiff or Defendant in the original action?

Jury Trial Demanded Yes No

Nature of case if not on previous cover sheet – Please choose the most applicable

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Annulment |
| <input type="checkbox"/> | Custody - Conciliation Required |
| <input type="checkbox"/> | Custody - Foreign Order |
| <input type="checkbox"/> | Custody - No Conciliation Required |
| <input type="checkbox"/> | Divorce - Ancillary Relief Request |
| <input type="checkbox"/> | Divorce - No Ancillary Relief Requested |
| <input type="checkbox"/> | Foreign Divorce |
| <input type="checkbox"/> | Foreign Protection from Abuse |
| <input type="checkbox"/> | Paternity |
| <input type="checkbox"/> | Protection from Abuse |
| <input type="checkbox"/> | Standby Guardianship |

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | Writ of Certiorari |
| <input type="checkbox"/> | Injunctive Relief |
| <input type="checkbox"/> | Mechanics Lien Claim |
| <input type="checkbox"/> | Issuance of Foreign Subpoena |
| <input checked="" type="checkbox"/> | Name Change |
| <input type="checkbox"/> | Petition for Structured Settlement |

Arbitration Cases Only

Arbitration Date

Arbitration Time

Defendants are cautioned that the scheduling of an arbitration date does not alter the duty of the defendant to respond to the complaint and does not prevent summary disposition from occurring prior to the arbitration date.

This matter will be heard by a Board of Arbitrators at the time and date specified but, if one or more of the parties is not present at the hearing, the matter may be heard at the same time and date before a judge of the court without the absent party or parties. There is no right to a trial *de novo* on appeal from a decision entered by a judge.

Notice of Trial Listing Date

Pursuant to C.C.R.C.P. 249.3, if this case is not subject to compulsory arbitration it will be presumed ready for trial twelve (12) months from the date of the initiation of the suit and will be placed on the trial list one (1) year from the date the suit was filed unless otherwise ordered by the Court.

To obtain relief from automatic trial listing a party must proceed pursuant to C.C.R.C.P. 249.3(b), request an administrative conference and obtain a court order deferring the placement of the case on the trial list until a later date.

File with: Chester County Justice Center, Prothonotary Office, 201 W. Market St., Ste. 1425, PO Box 2746, West Chester, PA 19380-0989

These cover sheets must be served upon all other parties to the action immediately after filing.
Submit enough copies for service. Form 1

IN RE:
IN THE MATER OF PETITION
FOR THE CHANGE OF NAME OF

IN THE COURT OF COMMON PLEAS
CHESTER COUNTY, PENNSYLVANIA
CIVIL ACTION – NAME CHANGE

(Current Name of Petitioner)

(Docket Number)

PETITION FOR NAME CHANGE

The Petitioner requests that this Court order a change of name, pursuant to 54 Pa. Cons. Stat. § 701 et seq.

1. Current name: _____

2. Proposed Name: _____

3. Reason for Requested Name Change: The Petitioner is transgender and identifies as and is known as _____ . A legal name change will facilitate the alignment of all legal identification documents to align with this name and gender presentation.

4. Petitioner has resided at the following locations during the past five (5) years:

Current Address: _____

County of Current Residence: _____

Dates From: _____ To: _____

Prior Address: _____

County of Prior Residence: _____

Dates From: _____ To: _____

Prior Address: _____

County of Prior Residence: _____

Dates From: _____ To: _____

5. Petitioner will (please check one box below):

(a) publish in one newspaper of general circulation in Chester County and in the Chester County Law Reporter notice that this petition has been filed and of the date set for the hearing on this petition. Unless petitioner has requested waiver of the notice requirement and such request has been granted by order of court, proof of publication of all notices shall be submitted to the Court at the hearing on this petition.

or

(b) and hereby does request a waiver of requirements of publication pursuant to 54 Pa C.S. § 701 (a)(iii) based upon a concern for the safety of myself or my child or ward. Set forth the reasons why publication of notice would jeopardize the safety of petitioner or his or her or their child or ward:

6. The Petitioner will provide proof of official searches of the required offices of all counties in which Petitioner has resided within the last five (5) years prior to filing the petition showing there are no judgments, decrees of record of other similar matters against Petitioner. Petitioner certifies that there are no creditors or other persons who will be defrauded or adversely affected by said change of name. Proof of these searches shall be submitted to the Court at the hearing on this petition.

WHEREFORE, Petitioner respectfully requests this Court to enter an Order granting the Change of Name.

Date

Petitioner

IN RE:
IN THE MATER OF PETITION
FOR THE CHANGE OF NAME OF

(Current Name of Petitioner)

IN THE COURT OF COMMON PLEAS
CHESTER COUNTY, PENNSYLVANIA
CIVIL ACTION – NAME CHANGE

(Docket Number)

ORDER FOR SEALING OF RECORDS

AND NOW, this _____ day of _____, 20____, upon consideration of petitioner’s request to waive publication and to seal the record, the Court finding that publication of notice of a hearing in this matter would jeopardize the safety of petitioner or of petitioner’s child or ward, it is hereby ORDERED that publication of notice of the hearing in this matter is WAIVED and the file of this case shall be sealed.

By the Court:

J.

IN RE:
IN THE MATER OF PETITION
FOR THE CHANGE OF NAME OF

(Current Name of Petitioner)

IN THE COURT OF COMMON PLEAS
CHESTER COUNTY, PENNSYLVANIA
CIVIL ACTION – NAME CHANGE

(Docket Number)

NOTICE OF HEARING

AND NOW, this _____ day of _____, 20____, upon Consideration
of the within Petition and upon motion of _____ hereby scheduled for:
the _____ day of _____, 20____, at _____, _____. in Courtroom No_____,
Chester County Justice Center, 201 West Market Street, West Chester, Pennsylvania.

The Petitioner is directed to give notice of the hearing by publication once in a newspaper of general
circulation in Chester County and once in The Chester County Law Reporter.

By the Court:

J.

IN RE:
IN THE MATER OF PETITION
FOR THE CHANGE OF NAME OF

(Current Name of Petitioner)

IN THE COURT OF COMMON PLEAS
CHESTER COUNTY, PENNSYLVANIA
CIVIL ACTION – NAME CHANGE

(Docket Number)

ORDER

AND NOW, this day _____ of _____, 20____, on consideration of the attached petition of for change of name, and upon presentation of proof of Publication as required by law, together with proof that there are no judgments or decrees of record or any other matter of like character against the petitioner, and it is appearing that there is no lawful objection to the request of the petitioner, it is found as a fact that the requirement of 54 Pa. C.S. § 701 has been satisfied and the name of:

_____ is changed to
_____.

By the Court:

J.