

Florida Department of Law Enforcement  
Name Change Report of Final Judgment

Clerks of Court (not the petitioner) must complete this form, to the extent the information is available, and submit the completed form to FDLE.

Date of Final Judgment of Name Change: \_\_\_\_\_ County: \_\_\_\_\_ Case #: \_\_\_\_\_

**Petitioner's full legal name as of date of filing Petition for Change of Name:**

\_\_\_\_\_

*Last First Middle*

Petitioner's Information:

Sex:  Male /  Female Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

*\*Disclosure of the social security number (SSN) is voluntary on the part of Petitioner. FDLE will use it for identification purposes and may share it with other agencies for the same purpose. FDLE's request for SSN is authorized by state law to assist FDLE in fulfilling its lawful duties and responsibilities. Failure to provide SSN may result in delays in case processing.*

**Petitioner's Court Approved Name:**

\_\_\_\_\_

*Last First Middle*

Did the Petitioner request that a former name be restored? YES  NO

Does the criminal history records check report received from FDLE indicate that the Petitioner:

Has a Florida criminal record? \*\* YES  NO   
Has an out-of-state criminal record? \*\* YES  NO   
Is registered as a Sexual Offender or Predator? YES  NO

*\*\*Having a criminal record means a record based on an arrest or its equivalent; it does not necessarily mean that the petitioner has been convicted or found guilty of a crime.*

If a criminal record was returned by FDLE, please complete the following:

Petitioner's State ID (SID) #: \_\_\_\_\_ Petitioner's FBI/UCN#: \_\_\_\_\_

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Type Name of the Clerk of Court or Designee)*

**\*\*\*By clicking the "Submit" button, you are signing this Agreement electronically.  
You agree your electronic signature is the legal equivalent of your manual signature on this document.**

**Submit**

Florida Department of Law Enforcement  
Attn: Crime Information Bureau, Quality Control Section  
Post Office Box 1489, Tallahassee, Florida 32302-1489  
850-410-7898