

STATE OF WYOMING )  
 ) ss  
COUNTY OF )

IN THE DISTRICT COURT

## JUDICIAL DISTRICT

IN THE MATTER of the ) Case Number \_\_\_\_\_  
CHANGE OF NAME OF )  
\_\_\_\_\_  
A Minor Child )  
(current full name of child) )  
\_\_\_\_\_  
By Next Friend )  
\_\_\_\_\_  
(full name of adult asking for change) )

## **CERTIFICATE OF MAILING FOR PETITION**

I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused a true and correct copy of the Petition and Affidavit for Change of Name of a Minor along with the Summons to Respondent to be mailed via US Mail Certified Return Receipt Requested to the Respondent whose name and address are:

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DATED \_\_\_\_\_, 20\_\_.

**CLERK or DEPUTY CLERK of District Court**

Copies to:

Next Friend's or Attorney's Name and Address:

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Respondent's or Attorney's Name and Address:

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