

SC NAME CHANGE PACKET



For questions and/or comments,
please email Ellis Bellew at
ellis@genderbenders.org

PRELIMINARY INFO FORM

(FILLING IN THESE FIELDS WILL MAKE THE REST OF THE FORMS EASIER ---
DO NOT SEND THIS PAGE IN ANYWHERE!)

FULL BIRTH NAME:

BIRTH NAME (FIRST AND LAST):

FULL CHOSEN NAME:

CHOSEN NAME (FIRST AND LAST):

FORMER NAMES, IF APPLICABLE:
(MAIDEN NAMES, NICKNAMES)

DATE OF BIRTH:

SOCIAL SECURITY NUMBER: - -

TELEPHONE NUMBER: () -

EMAIL ADDRESS:

SEX: **RACE:** **AGE:**
(ON DMV FILE) (ON DMV FILE)

PLACE OF BIRTH:

MAILING ADDRESS:

**ADDRESS ON YOUR DRIVER'S
LICENSE:**

PREVIOUS ADDRESS:
(IF YOU'VE LIVED AT
CURRENT ADDRESS FOR
LESS THAN 1 YEAR)

COUNTY:

NOTE: WHEN YOU FILL OUT THIS PAGE, THE MAJORITY OF THE FIELDS ON THE FORMS BELOW WILL BE AUTO-POPULATED FOR YOU. PLEASE LOOK FOR THE **PURPLE** FLAGS FOR AREAS THAT WILL STILL NEED TO BE FILLED IN.

ON SEVERAL FORMS, YOU'LL SEE RED NOTES AND FLAGS, THESE WILL NOT SHOW UP WHEN YOU PRINT.

STEP 1:
BIRTH
CERTIFICATE
SECTION



BIRTH CERTIFICATE INSTRUCTIONS:

You will need to obtain a certified copy of your birth certificate (printed within the last 12 months). If you don't have access to your birth certificate, you will need to order one.

There are multiple ways to order your birth certificate.

Price will vary based on your selections, but the average price for obtaining a certified copy is \$24.

RECOMMENDED

(works regardless of where you were born)

Order online through www.vitalchek.com

Processing / Delivery timeline is ~1 week

STEP 2:

SLED SECTION



SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



REGINALD I. LLOYD
Director

RECORDS CHECK NAME CHANGE

(Type or Print Clearly in Ink)

ALL NAMES USED (including maiden, nicknames, etc): _____

REQUEST NAME CHANGE TO: _____

DOB: _____

SSN: _____ - -

Twenty-five dollar (\$25.00) fee per name, excluding maiden and alias names. **PAYMENT MUST BE MADE TO SLED BY BUSINESS CHECK, CERTIFIED CHECK, CASHIER'S CHECK OR MONEY ORDER FOR THE CORRECT AMOUNT ONLY. *CASH OR PERSONAL CHECKS WILL NOT BE ACCEPTED.**

"This criminal history report contains records of arrests and convictions made by state and local agencies in South Carolina only."

SLED USE ONLY

NO RECORD _____
Fingerprint Based S.C. ONLY

ARREST RECORD _____
Fingerprint Based S.C. ONLY
(SEE ATTACHED)

SEX OFFENDER REGISTRY

NOT LISTED _____

IS LISTED _____

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

***WARNING! ALTERATION OF THIS DOCUMENT MAY BE SUBJECT TO CRIMINAL PROSECUTION.
DO NOT ACCEPT THIS FORM UNLESS IT BEARS A RAISED SLED SEAL.**

(CJ-054) 4/20/11



State of South Carolina

)
)
)

AFFIDAVIT

County of

FILL OUT SPACE
1 OR 2 -- NOT
BOTH!

PUT YOUR BIRTH NAME IN ONE BLANK AND
CHOSEN NAME IN THE OTHER BLANK.

Personally appeared before me the undersigned, who being duly sworn, deposes and says:

1. I am making the request for a background check and screening statement from the State Law Enforcement Division. I have never been arrested or convicted of a crime under a name other than the name(s) _____

ONLY FILL THESE IN IF
YOU HAVE BEEN
ARRESTED.

OR
2. Below are the names I have used; however, I have never been arrested:

_____, _____.

3. I understand that a person who knowingly and willfully falsifies this affidavit is subject to criminal punishment as provided by law.

SAVE THIS PART UNTIL YOU'RE WITH A NOTARY

[Signature of Petitioner]

SWORN to and subscribed before me
this ___ day of _____, 20__.

Notary Public for South Carolina
My Commission Expires: _____

NOTARY

EXAMPLE FINGERPRINT CARD. TAKE THIS CARD TO A LOCAL LAW ENFORCEMENT CENTER WITH \$10 TO GET YOUR FINGERPRINTS DONE

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK				
		LAST NAME NAM		FIRST NAME		MIDDLE NAME				
SIGNATURE OF PERSON FINGERPRINTED <i>Sign however you want, but keep it consistent</i>		ALIASES AKA <i>all other names used</i>		OR I <i>match DMV licence</i>		DATE OF BIRTH DOB Month Day Year				
RESIDENCE OF PERSON FINGERPRINTED <i>address</i>		CITIZENSHIP CTZ <i>USA</i>		SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH POB <i>city, state</i>
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO. OCA		LEAVE BLANK						
EMPLOYER AND ADDRESS <i>filled out at fingerprint office</i>		FB (NO. EB)		CLASS						
REASON FINGERPRINTED <i>name change</i>		SOCIAL SECURITY NO. SOC		REF						
		MISCELLANEOUS NO. MNU								
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE		
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE		
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY				



CHECK BEFORE YOU SEND TO SLED:

- \$25 Money Order
- Self Addressed Stamped Envelope
- Completed Fingerprint Card
- Affidavit on Conviction of Crimes
- SLED Background Check Form

**SEND ALL OF THE ABOVE LISTED ITEMS TO
THE ADDRESS BELOW:**

South Carolina Law Enforcement Division
P.O. Box 21398
Columbia, SC 29221
ATTN: Records

STEP 3:

DSS REGISTRY CHECK



SOUTH CAROLINA
DEPARTMENT *of* SOCIAL SERVICES

**South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION**

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: name change

Mail Results To: _____

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)

- | | | | |
|--|---------|--|--------|
| <input type="checkbox"/> Non-Profit Entities | \$8.00 | <input type="checkbox"/> Schools | \$8.00 |
| <input type="checkbox"/> For-Profit Entities | \$25.00 | <input type="checkbox"/> Child Day Care | \$8.00 |
| <input type="checkbox"/> State Agencies | \$8.00 | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |

Please Print or Type: (Complete spelling of name required, first, middle and last – **no initials.**)

Name: _____ DOB: _____ Sex: _____ Race: _____

Maiden/Former Name: _____ Name Change: _____

Place of Birth: _____ SSN: _____ - _____

Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
 Telephone (803) 888-7318.

**SAVE THIS PART UNTIL
YOU'RE WITH A NOTARY**

Signature of Applicant

Date

Signature of Notary or Witness

Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

Authorized DSS Employee

Date



CHECK BEFORE YOU SEND TO DSS:

- \$8 Money Order
- Completed DSS Registry Form

SEND ALL OF THE ABOVE LISTED ITEMS TO THE ADDRESS BELOW:

South Carolina Department of Social Services
ATTN: Cashier
P.O. Box 1520
Columbia, SC 29202-1520

NOTE:

ONCE THE FORMS ARE RETURNED TO YOU, PUT THEM WITH YOUR COURTHOUSE DOCUMENTS

STEP 4:

COURTHOUSE SECTION



STATE OF SOUTH CAROLINA
THE FAMILY COURT
JUDICIAL CIRCUIT

COUNTY OF _____

C.A. NO.: _____

In re: NAME CHANGE

AFFIDAVIT

Plaintiff

The undersigned, being duly sworn, states the following:

I, _____, am not obligated for any outstanding child support or alimony payments ordered through the court in the name of _____ or _____ . My date of birth is _____ and my Social Security number is _____.

Affiant

SWORN TO AND SUBSCRIBED

BEFORE ME THIS ____ DAY OF _____ 2017

Witness

Notary Public for South Carolina

My commission expires: _____

SAVE THIS PART UNTIL
YOU'RE WITH A NOTARY

NOTARY

STATE OF SOUTH CAROLINA
COUNTY OF
THE FAMILY COURT FOR THE
JUDICIAL CIRCUIT

In Re: NAME CHANGE
Plaintiff

PETITION FOR NAME CHANGE

Case No.:

The Petitioner would respectfully show unto the Court:

1. Petitioner is a resident of _____ County, South Carolina.
2. Petitioner is ___ years of age.
3. Petitioner was born in _____ on _____.
4. The name on Petitioner's birth certificate is _____; a copy of Petitioner's birth certificate is attached hereto.
5. Petitioner would like to have a name change that more accurately expresses his/her gender identity, being that he/she is Transgender.
6. Petitioner wishes to change his/her name to _____.
7. Petitioner has attached hereto the results of a criminal background check and a screening statement from SLED indicating that he/she is not listed on the division's sex offender registry.
8. Petitioner has attached hereto a screening statement from SCDSS indicating that he/she is not listed on the department's Central Registry of Child Abuse and Neglect.
9. Petitioner has attached hereto an affidavit stating that he/she is not under any court order to pay child support or alimony.
10. Petitioner does not seek to change his/her name for any fraudulent, illegal or improper purpose.

WHEREFORE, the Petitioner prays:

- A. For an order from this Court legally changing Petitioner's name to _____.
- B. For an order from this Court entitling Petitioner to the issuance of an amended birth certificate reflecting the name of _____.
- C. For such other and further relief as this Court deems just and equitable.

Respectfully Submitted,

← SIGN HERE -- NO NOTARY REQUIRED

_____, 2017
Greenville, South Carolina

STATE OF SOUTH CAROLINA)
)
 COUNTY OF _____)
)
 _____)
 Plaintiff,)
 vs.)
 _____)
 Defendant.)

IN THE FAMILY COURT
 _____ JUDICIAL CIRCUIT

FAMILY COURT COVERSHEET

Docket No. _____

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for docketing purposes for the Clerk of Court and must be signed and dated, and filled out completely. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint.

Submitted by: _____ **SC Bar #** _____ **IF NO**
Address: _____ **Telephone #** _____ **LAWYER,**
 _____ **Fax #** _____ **LEAVE**
Email: _____ **Other:** _____ **BLANK**

DOCKETING INFORMATION (Check one box below if filing in a Mandatory Mediation County)

- This case is subject to MEDIATION pursuant to the Family Court Alternative Dispute Resolution Rules.
- This case is exempt from ADR (certificate attached).

Nature of Action Codes (Check One)	
Marital Dissolution	Support
<input type="checkbox"/> Divorce (110)	<input type="checkbox"/> Child Support – Private (501)
<input type="checkbox"/> Annulment (120)	<input type="checkbox"/> Child Support – Administrative Process (502)
<input type="checkbox"/> Separate Support and Maintenance (130)	<input type="checkbox"/> Child Support – Judicial Process (503)
<input type="checkbox"/> Registration of Foreign Divorce Decree – without support/custody (190)	<input type="checkbox"/> Registration of Foreign Order of Support (504)
<input type="checkbox"/> Registration of Foreign Divorce Decree – with support/custody (191)	<input type="checkbox"/> UIFSA – Outgoing (505)
<input type="checkbox"/> Marital Dissolution – Other (199) _____	<input type="checkbox"/> UIFSA – Incoming (506)
	<input type="checkbox"/> Modification of Child Support – Private (507)
	<input type="checkbox"/> Modification of Child Support – DSS (508)
Abuse and Neglect	<input type="checkbox"/> Modification of Alimony (525)
<input type="checkbox"/> Abuse and Neglect – Child (210)	<input type="checkbox"/> College Expenses (530)
<input type="checkbox"/> Abuse and Neglect – Adult (220)	<input type="checkbox"/> Support – Other (599) _____
<input type="checkbox"/> Abuse and Neglect – Other (299) _____	
	Custody/Visitation
	<input type="checkbox"/> Child Custody/Visitation (610)
Juvenile Delinquency	<input type="checkbox"/> Modification of Custody/Visitation (615)
<input type="checkbox"/> Truancy (311)	<input type="checkbox"/> Registration of Foreign Child Custody Order (690)
<input type="checkbox"/> Incurable (312)	<input type="checkbox"/> Custody/Visitation – Other (699) _____
<input type="checkbox"/> Runaway (313)	
<input type="checkbox"/> Criminal Offense (320)	Miscellaneous Actions
<input type="checkbox"/> Juvenile Delinquency – Other (399) _____	<input type="checkbox"/> Name Change (710)
	<input type="checkbox"/> Correction/Birth Record (720)
	<input type="checkbox"/> Judicial Bypass (730)
	<input type="checkbox"/> Adoption (740)
Protection from Domestic Abuse	<input type="checkbox"/> Foreign Adoption (741)
<input type="checkbox"/> Domestic Abuse – Intimate Partner (410)	<input type="checkbox"/> Post Dissolution Equitable Distribution (750)
<input type="checkbox"/> Domestic Abuse – Minor (420)	<input type="checkbox"/> Paternity – Private (761)
<input type="checkbox"/> Registration of Foreign Order of Protection (490)	<input type="checkbox"/> Paternity – DSS (762)
<input type="checkbox"/> Domestic Abuse – Other (499) _____	<input type="checkbox"/> Termination of Parental Rights – Private (771)
	<input type="checkbox"/> Termination of Parental Rights – DSS (772)
	<input type="checkbox"/> Miscellaneous Actions – Others (799) _____

Submitting Party Signature: _____ **Date:** _____

Custodial Parent (if applicable): _____

IF YOU'RE A MINOR, PARENT/GUARDIAN SIGNS HERE

Note: Frivolous civil proceedings are subject to sanctions pursuant to Rule 11, SCRPC and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. § 15-36-10 et seq.

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
)
)

) Plaintiff,
)
vs.)
)
)


) Defendant.)

IN THE FAMILY COURT
____ JUDICIAL CIRCUIT

REQUEST FOR HEARING

Docket No. _____

IF NO LAWYER, YOUR BIRTH NAME 

Plaintiff's Attorney: _____ 

Mailing Address: _____

Telephone: () - _____ ext. _____ Fax: _____

Email: _____

Defendant's Attorney: _____

Mailing Address: _____

Telephone: _____ ext. _____ Fax: _____

Email: _____

Guardian ad Litem: _____

Mailing Address: _____

Telephone: _____ ext. _____ Fax: _____

Email: _____

Type of Hearing: NAME CHANGE

Time Needed: 15 MINUTES

Dates and Times Unavailable: _____

Child Custody at Issue:  Yes No

Are Other Issues Contested Yes No If yes, explain: _____

LEAVE BLANK UNLESS THERE'S A TIME/DAY YOU ABSOLUTELY CANNOT GO

If yes to either above, submit a mediation report.

Comments and Issues: _____

Hearing Requested by: _____ Date: _____, 20__

For: Plaintiff Defendant

******Section below to be completed by Clerk of Court. ******

The hearing in this matter is scheduled for ____ day of _____, 20__, at ____:____
a.m./p.m., Courtroom _____, before the Honorable
_____ for _____ (length of time).



CHECK BEFORE YOU TURN IN DOCUMENTS:

- ___ \$150 Money Order
- ___ Returned DSS Registry Form
- ___ Completed Child Support Affidavit
- ___ Completed Petition for Name Change
- ___ Completed Family Court Coversheet
- ___ Completed Request for Hearing
- ___ Copies of all documents (saved at home)
- ___ Birth Certificate

**TAKE ALL ITEMS TO THE GREENVILLE
COUNTY FAMILY COURT RECORDS OFFICE**

Greenville County Family Court
301 University Ridge #800
Greenville, SC 29601
(Across from DSS in the same general area as
the probate court and the transit authority)