

# **SC NAME**

# **CHANGE**

# **PACKET**



For questions and/or comments,  
please email Ellis Bellew at  
[ellis@genderbenders.org](mailto: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:** **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		DOB	
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>		FBI NO. FBI		CLASS			
REASON FINGERPRINTED <i>name change</i>		ARMED FORCES NO. MINU		REF			
		SOCIAL SECURITY NO. SOC					
		MISCELLANEOUS NO. MINU					
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 2:**

# **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) 896-7319.

**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 3:**

# **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

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 Greenville 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:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Email:** \_\_\_\_\_

**SC Bar #** \_\_\_\_\_  
**Telephone #** \_\_\_\_\_  
**Fax #** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**IF NO  
 LAWYER,  
 LEAVE  
 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)	
<b>Marital Dissolution</b>	<b>Support</b>
<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)
<b>Abuse and Neglect</b>	<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) _____	
	<b>Custody/Visitation</b>
	<input type="checkbox"/> Child Custody/Visitation (610)
<b>Juvenile Delinquency</b>	<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)	<b>Miscellaneous Actions</b>
<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)
<b>Protection from Domestic Abuse</b>	<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 \_\_\_\_\_ )  
 )  
 )  
 )

IN THE FAMILY COURT  
\_\_\_\_ JUDICIAL CIRCUIT

**REQUEST FOR HEARING**

\_\_\_\_\_  
Plaintiff, )  
vs. )  
\_\_\_\_\_  
Defendant. )

Docket No. \_\_\_\_\_

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)

## 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)