

SC NAME CHANGE PACKET



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

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.

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		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED <i>Sign however you want, but keep it consistent</i>		LAST NAME NAM <i>birth name</i>		MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED <i>address</i>		ALIASES AKA <i>all other names used</i>		OR I <i>match DMV licence</i>	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP CTZ <i>USA</i>	SEX	HAIR	DATE OF BIRTH DOB Month Day Year
EMPLOYER AND ADDRESS <i>filled out at fingerprint office</i>		YOUR NO. OCA	FACE	HGT.	PLC OF BIRTH POB <i>city, state</i>
REASON FINGERPRINTED <i>name change</i>		FB (NO. EB)	WGT.	EYES	LEAVE BLANK
		ARMED FORCES NO. MNU			CLASS
		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 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) 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 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

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 _____)
)
)
)

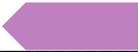
) Plaintiff,
)
vs.)
)
)

) Defendant.)

IN THE FAMILY COURT
____ JUDICIAL CIRCUIT

REQUEST FOR HEARING

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)