

IN THE MARRIAGE OF:

**REQUEST AND
ORDER FOR
NAME CHANGE**

_____ Case No. _____

The parties listed above file the attached Marriage License Application and request that the Court grant a name change as a result of the marriage pursuant to the HO-CHUNK NATION MARRIAGE ORDINANCE, 4 HCC § 10.

Applicant 1 Birth Name: _____

Applicant 1 Current Name (if different from Birth Name): _____

Applicant 1 Requested Name Change: _____

Applicant 2 Birth Name: _____

Applicant 2 Current Name (if different from Birth Name): _____

Applicant 2 Requested Name Change: _____

The marriage was solemnized on (date) _____ by (officiant) _____
at (address) _____.

THE COURT HEREBY GRANTS THE REQUESTED NAME CHANGE.

BY THE COURT:

Form completed by: (Name)	
Address	
Telephone Number	HCN Bar Number (if any)

_____ Trial Court Judge Trial Court Clerk

Name Printed or Typed

Date

Ho-Chunk Nation Court System
P.O. Box 70
Black River Falls, WI 54615
(715) 284-2722 or 800-434-4070

