

State of Minnesota

2022 AUG -1 A 10: 59

District Court

County <u>Hennepin</u>

Judicial District:	<u>Fourth</u>
Court File Number:	<u>27-CV-22-11345</u>
Case Type:	<u>Name Change</u>

Interpreter Requested

Language _____

In the Matter of the Application of (current name): Galony

Mohamud Mohamed
 First Middle Last

First Middle Last

First Middle Last

**Application for Name Change
And Other Relief**
(Minn. Stat. § 259.10)

For a change of name to (new name):

Ibrahim Jamac Adan
 First Middle Last

First Middle Last

First Middle Last

The undersigned applicant states that:

1. This application is made in good faith, without intent to defraud or mislead.
2. All persons who are asking to have their names changed on this application have lived in the State of Minnesota for at least six months immediately prior to the date of this application, and now live at: 919 12th AVE SE MP15 MN 55414 Hennepin
 Street # Apt City/Town State Zip County
3. Name of applicant and date of birth: Mohamud Galony 01-01-85
4. Name of applicant's spouse and date of birth: _____
 This application does does not include spouse.
5. Name(s) of minor child(ren) and date(s) of birth: _____

This application does not include minor child(ren) listed above.

This application includes the following minor child(ren) listed above: _____

6. The name and address of the non-applicant parent of the minor child(ren) included in this Application is: _____

The non-applicant parent is not known and his/her name is not shown on the birth certificate.

7. Applicant requests:

To have his/her name changed from Monamud Monamed Celony to Ibrahim Jama C Adan

To have his/her name changed on the birth record created or maintained by the Minnesota Department of Health to _____
(must reflect your current name or the proposed name if you checked the box above)

To have his/her sex changed on the birth record created or maintained by the Minnesota Department of Health from _____ to _____.

To have the Minnesota Department of Health issue and register a replacement birth record. Applicant further requests the prior birth record be kept confidential and the replacement birth record not to include any reference to Applicant's former name former sex.

To have the name of his/her spouse changed to _____

To have the names of his/her minor child(ren) changed to _____

8. No party to this application has a criminal history

OR

The criminal history of the following parties included in this application is: Varies traffic violations,

The following parties included in this application have been convicted of a felony:

List name, date of offense, and state.

9. Legal description of lands in the State of Minnesota upon which the following have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary)
 Applicant _____
 Spouse _____
 Child(ren) _____

10. Applicant is currently involved in a victim or witness protection program.

11. Applicant is an inmate in a correctional facility, and has attached the Inmate Affidavit for Name Change.

12. Other: _____

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Date: 8/1/22

[Signature]

Applicant's Signature

919 12th Ave SE

Address

Maple MN 55414

City State Zip

County and state where signed:
Hennepin

(612) 430-1413

Telephone Number

Mgalony@gmail.com
E-mail address

Co-applicant's Signature (Spouse)

Minor's Signature (14 or older)