Form D

_____ Name _____ Street Address _____ City, State, Zip _____ Email Address _____ ext. _____ Telephone Number **In the Matter of the Application of:** _____ Your Name **To Assume the Name of:** _____ Name you wish to assume	Superior Court of New Jersey Law Division _____ County Docket No. _____ (To be filled in by the court) **Civil Action** **Proof of Mailing**

A. Check the appropriate box(es), below:

☐ On _____, I, the undersigned, mailed a copy of the Order Fixing Date of Hearing in accordance with the New Jersey Rules of Court to the Division of Criminal Justice of New Jersey, via certified mail, return receipt requested.

OR

☐ On _____, I, the undersigned, mailed a copy of the Verified Complaint for Change of Name, Certification of Confidential Information for Name Change and Order Fixing Date of Hearing in accordance with the New Jersey Rules of Court to (check all that apply):

- ☐ the Division of Criminal Justice of New Jersey, via certified mail, return receipt requested;
- ☐ the Prosecutor of _____ County, via regular mail and certified mail, return receipt requested.

B. Attached are the green return mail receipt(s) for (check all that apply):

- ☐ the Division of Criminal Justice of New Jersey
- ☐ the Prosecutor of _____ County

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ s/_____

Dated Signature