

**State of Minnesota**

County

Washington

## District Court

**Judicial District:**

10<sup>th</sup>

**Court File Number:**

**Case Type:**

## Name Change

In the Matter of:

Thomas Francis White

First

## Middle

Last

## Order Granting Name Change And Other Relief

For a change of name to:

**(Minn. Stat. § 259.10, § 144.218, and § 144.2181)**

Layla Marie White

First

Middle

Last

The above entitled matter came on for hearing before the undersigned Judge on  
upon the Application for a Name Change and Other Relief. Upon the

Date \_\_\_\_\_

testimony and files, THE COURT FINDS the following:

1. The application is made in good faith without intent to defraud or mislead.
2. The applicant(s) has/have lived in the State of Minnesota for at least six months preceding the filing of the application, and now live at: 1849 Lamplight Dr. Woodbury, Minnesota 55125  
in Washington County.  
Street City/Town State Zip
3. Name of applicant and date of birth: Thomas Francis White November 11<sup>th</sup>, 1997
4. Name of spouse and date of birth: \_\_\_\_\_  
This application ☐ does ☒ does not include spouse.
5. Name(s) of minor children and date(s) of birth: \_\_\_\_\_

☒ This application does not include minor children listed above.

☐ This application includes the following minor children listed above:

## 6. This applicant requests:

- ☒ To have his/her name changed to Layla Marie White
- ☒ To have his/her name changed on birth records created or maintained by the Minnesota Department of Health to Layla Marie White
- ☒ To have his/her sex changed on birth records created or maintained by the Minnesota Department of Health to Female.
- ☒ 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 name(s) of his/her child (ren) changed to \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 7. The applicant (and included spouse or child (ren))

- ☒ Has not been convicted of a felony in any state.
- ☐ Has been convicted of a felony as follows: \_\_\_\_\_
- \_\_\_\_\_

AND ☐ Proper notice has been given to the prosecuting authority and Minnesota Attorney General

AND ☐ No objection has been filed.

## 8. 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) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

9. Other: Transgender

## The application is granted and IT IS ORDERED that:

- ☐ The legal name of the Applicant shall be \_\_\_\_\_
- ☐ The legal name of the spouse shall be \_\_\_\_\_

☐ The legal names of the minor child (ren) shall be \_\_\_\_\_

☐ The Minnesota Department of Health shall change the name on the birth record from \_\_\_\_\_ to \_\_\_\_\_

☐ The Minnesota Department of Health shall change the sex on the birth record from \_\_\_\_\_ to \_\_\_\_\_

☐ The Minnesota Department of Health shall issue and register a replacement birth record for the Applicant. The prior birth record shall be confidential pursuant to Minn. Stat. § 13.02, subdivision 3, and shall not be disclosed except pursuant to court order.

☐ The replacement birth record shall not include any reference to the Applicant's

☐ former name

☐ former sex

and

☐ shall reflect the Applicant's current legal name of \_\_\_\_\_

☐ shall reflect the sex designation of \_\_\_\_\_

**All persons having a criminal history who have been granted a name change by this court have a duty to report that name change to the Bureau of Criminal Apprehension within ten (10) days of this order.**

☐ Other \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge of District Court

**DUTY TO REPORT NAME CHANGE**  
**Minn. Stat. § 259.11B**

If you have a criminal history and have changed your name, you have a duty to report your name change to the Bureau of Criminal Apprehension located at 1430 East Maryland Avenue, St Paul, MN 55106, (651)793-2400, **within ten (10) days of this order**. Failure to do so is a gross misdemeanor punishable by up to one (1) year in prison and/or a fine of \$3000.