

SUPERIOR COURT OF CALIFORNIA COUNTY OF *SISKIYOU*

**CLETS BACKGROUND INFORMATION FORM
NAME CHANGE**

Pursuant to CCP 1279.5, the court is required to conduct a background investigation to determine whether an applicant for a name change is under the jurisdiction of the California Department of Corrections or is required to register as a sex offender (PC 290). To conduct this investigation, the following form must be completed. In the process of completing this form, please print your information. If any section does not apply to you, please indicate "DNA".

LAST NAME:			FIRST NAME:			MIDDLE NAME:		
LIST ANY OTHER NAMES THAT YOU USE, INCLUDING MAIDEN NAME, BIRTH NAME OR NICKNAMES:								
1.								
2.								
3.								
RESIDENCE:		STREET ADDRESS		CITY/STATE		ZIP		PHONE NUMBER:
MAILING ADDRESS IF DIFFERENT FROM RESIDENCE:							BUSINESS PHONE:	
DATE OF BIRTH:	AGE:	PLACE OF BIRTH: (STATE OR COUNTRY)		SEX:	HEIGHT:	WEIGHT:	HAIR:	EYES:
DRIVER LICENSE NO.:	STATE:	EXPIRATION DATE:		SOCIAL SECURITY NO.:		U.S. CITIZEN:		
SCARS, MARKS OR TATTOOS: IF YES, DESCRIBE.								
I certify the above information is correct. Signature _____ Date: _____								
FOR COURT USE ONLY:					DATE SENT TO SHERIFF:			
CASE NUMBER:					DATE DUE BACK TO COURT:			
DATE OF APPLICATION:					HEARING DATE:			