LACIV 226

> This form is only required in Los Angeles County

The LACIV 226 form is required for all name changes in L.A. county. It's used to perform a background check. This form is confidential, so it will not be part of the public record.

- Under **Sex**, put your AGAB.
- Under **Race/Ethnicity**, put your race (e.g. White, Black, Native American, etc.).
- Under **Social Security**, put your social security number.
- Under **Driver's License or ID**, put your Driver's License number or another form of government ID.
- Under **Place of Birth**, put the name and address of the hospital where you were born. This can be found on your birth certificate if you don't know it.
- If you've had your name legally changed before, put all of your previous names under **Other name(s) used**.
- On the line labeled **Date**, write the current date, and then sign on the **Signature** line.
- Leave everything else blank.

Example

Here's what your form should look like once it's finished (Everything I added is in red for emphasis. Use black when you're filling your form out):

C O N F I D E N T I A L

NAME, ADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	For Court Use Only
John James Doe 1000 Example St. Los Angeles, CA 90000 (123) 456-7890 user@example.com ATTORNEY FOR (Name): Self-represented		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS: 4400 W. Example Blvd. Los Angeles, CA 90000		
NAME OF PETITIONER: John James Doe		
NAME CHANGE **CRIMINAL HISTORY ASSESSMENT**		CASE NUMBER: COURT DATE:

TO BE COMPLETED BY THE PETITIONER:

Sex	Race/Ethnicity	Date of Birth	Age	Social Security	Driver's License or ID / State
Male	White	January 1, 1970	18	000-00-0000	A0000000

Place of Birth	Current Address	Other name(s) used
My Birth Hospital 1500 Hospital St., Los Angeles, CA 90000	1000 Example St. Los Angeles, CA 90000	

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and correct.

_____ _____
Date Signature

TO BE COMPLETED BY THE CLERK:

☐ Based on the information provided, the identity of the Petitioner cannot be verified.

☐ Based on a JDIC/CLETS automated search by name and the date of birth provided, no arrest, conviction, or warrant has been found.

☐ There is no hit on the sex/arson registration as indicated in the attachment; Petitioner is not required to register as a sex offender.

OR

☐ There is a hit on the sex/arson registration as indicated in the attachment; Petitioner is required to register as a sex offender under Penal Code section 290.

☐ Comments: _____

_____

Date: _____ By: _____

Deputy Clerk

EXAMPLE

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