

# 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: John James Doe 1000 Example St. Los Angeles, CA 90000 (123) 456-7890 user@example.com	STATE BAR NUMBER	For Court Use Only
ATTORNEY FOR (Name): Self-represented		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>		
COURTHOUSE ADDRESS: 4400 W. Example Blvd. Los Angeles, CA 90000		
NAME OF PETITIONER: John James Doe		
<b>NAME CHANGE CRIMINAL HISTORY ASSESSMENT</b>		CASE NUMBER:
		COURT DATE:

### TO BE COMPLETED BY THE PETITIONER:

Sex Male	Race/Ethnicity White	Date of Birth January 1, 1970	Age 18	Social Security 000-00-0000	Driver's License or ID / State A0000000
Place of Birth 1500 Hospital St., Los Angeles, CA 90000	My Birth Hospital	Current Address 1000 Example St. Los Angeles, CA 90000			Other name(s) used

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:

<input type="checkbox"/> Based on the information provided, the identity of the Petitioner cannot be verified.
<input type="checkbox"/> Based on a JDIC/CLETS automated search by name and the date of birth provided, no arrest, conviction, or warrant has been found.
<input type="checkbox"/> There is no hit on the sex/arson registration as indicated in the attachment; <u>Petitioner is not required</u> to register as a sex offender.
OR
<input type="checkbox"/> There is a hit on the sex/arson registration as indicated in the attachment; <u>Petitioner is required</u> to register as a sex offender under Penal Code section 290.
<input type="checkbox"/> Comments: _____
_____
Date: _____ By: _____
Deputy Clerk