

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

TO BE COMPLETED BY THE PETITIONER:

|  |                         |                                  |           |   |  |
|--|-------------------------|----------------------------------|-----------|---|--|
| Sex<br>Male  | Race/Ethnicity<br>White | Date of Birth<br>January 1, 1970 | Age<br>18 | Social Security<br>000-00-0000                            | Driver's License or ID / State<br>A0000000 |
| Place of Birth<br>1500 Hospital St., Los Angeles, CA 90000 | My Birth Hospital       |                                  |           | Current Address<br>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:

☐ 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