

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: ROSA ARROYO CISNEROS FIRM NAME: STREET ADDRESS: 95 BARD LN CITY: VENTURA STATE: CA ZIP CODE: 93001 TELEPHONE NO.: (805) 794-3362 FAX NO.: E-MAIL ADDRESS: ARROYO.ROSA@YAHOO.COM ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA STREET ADDRESS: 800 SOUTH VICTORIA AVENUE MAILING ADDRESS: CITY AND ZIP CODE: VENTURA, CA 93009 BRANCH NAME: CIVIL	RECEIVED FOR SCANNING VENTURA SUPERIOR COURT MAR 13 2026
PETITION OF (name of each petitioner): ROSA ARROYO CISNEROS	CASE NUMBER
PETITION FOR CHANGE OF NAME	

Before you complete this petition, read the *Instructions for Filing a Petition for Change of Name* (form NC-100-INFO). (To change your name as part of a petition to recognize a change of gender, and obtain a new California birth certificate for yourself or your child, or a marriage certificate reflecting those changes, use form NC-300.)

1. Petitioner (*present name*): ROSA ARROYO CISNEROS (check a or b)
 - a. resides in this county.
 - b. does not live in California and (*check 1 or 2*)
 - (1.) wants a name change on a marriage license, and was married in this county.
 - (2.) wants a name change on their or their child's birth certificate, which was issued in this county.
2. Petitioner requests that the court decree the following name changes (*list every name that you are seeking to change*):

<u>Present name</u>	<u>Proposed name</u>
a. ROSA ARROYO CISNEROS	changed to ROSA ARROYO
b.	changed to
c.	changed to

Continued (*If you are seeking to change additional names, you must prepare a list and attach it to this petition as Attachment 2.*)
3. Petitioner requests that the court issue an order directing all interested persons to appear or file objections to show cause why this petition for change of name of the persons identified in item 2 should not be granted.
4. The number of persons under 18 years of age whose names are to be changed is (*specify*): 0
5. If this petition requests the change of name of any person or persons under 18 years, this request is being made by
 - a. two parents.
 - b. one parent.
 - c. near relative (*name and relationship*):
 - d. guardian (*name*):
 - e. attorney for an individual under the jurisdiction of the juvenile court (*name*):
 - f. other (*specify*):
6. This petition seeks to change the name of (*check one*) petitioner (*name*):
to conform to that person's gender identity.
7. For each person whose name is to be changed, petitioner provides the following information (*you must attach Name and Information About the Person Whose Name Is to Be Changed* (form NC-110) for each person identified in item 2):
 - a. Number of pages attached (*specify number*): 1
 - b.-f. (*These items are on the attached page or pages of form NC-110.*)

SIL

PETITION OF (name of petitioner or petitioners): ROSA ARROYO CISNEROS	CASE NUMBER:
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FOR CHANGE OF NAME

**NAME AND INFORMATION ABOUT THE PERSON
WHOSE NAME IS TO BE CHANGED**

Attachment 1 of 1

Attachment to Petition (form NC-100, form NC-300, or form NC-500)

(You must use a separate attachment for each person whose name is to be changed. If petitioner is a guardian of a minor, a declaration of guardian (form NC-110G) must also be completed and attached for each minor whose name is to be changed.)

7. (Continued) Petitioner applies for a decree to change the name of the following person:

b. Self Other

(1) Present name (specify): **ROSA ARROYO CISNEROS**

(2) Proposed name (specify): **ROSA ARROYO**

(3) Born on (date of birth): **September 2, 1979**
and presently under 18 years of age 18 years of age or older

(4) Born at (place of birth): **EL ARMADILLO, MUNICIPIO DE PURUANDIRO MICHOACAN, MEXICO**

(5) Sex (as stated on original birth certificate): Male Female

(6) Current residence address (street, city, county, state, and zip code):
95 BARD LN, VENTURA, CA, 93001 VENTURA

c. Reason for name change (explain):

MY MOTHER'S LAST NAME IS CISNEROS AND I WOULD LIKE TO REMOVE IT. I WOULD LIKE TO GO BY MY FATHERS LAST NAME, WHICH IS ARROYO.

d. Relationship of the petitioner to the person whose name will be changed:

- (1) Self
- (2) Parent
- (3) Guardian
- (4) Guardian ad litem or attorney for minor appointed by juvenile court
- (5) Near relative (indicate relationship):
- (6) Other (specify):

e. If the person whose name will be changed is under 18 years of age, provide the names and addresses, if known, of the following persons:

- (1) Parent (name): _____ (address): _____
- (2) Parent (name): _____ (address): _____
- (3) (Only if neither parent is living) Near relatives (names, relationships, and addresses):

f. If the person whose name will be changed is 18 years of age or older, that person must sign the following declaration:

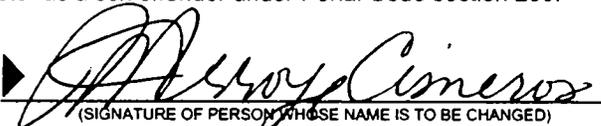
DECLARATION

I declare under penalty of perjury under the laws of the State of California that (check one) I am not I am under the jurisdiction of the California Department of Corrections and Rehabilitation (in state prison or on parole) or in county jail and (check one) I am not I am required to register as a sex offender under Penal Code section 290.

Date: **March 11, 2026**

ROSA ARROYO CISNEROS

(TYPE OR PRINT NAME OF PERSON WHOSE NAME IS TO BE CHANGED)



(SIGNATURE OF PERSON WHOSE NAME IS TO BE CHANGED)

(If petitioner is represented by an attorney, the attorney's signature follows):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY)

(Each petitioner must sign this petition in the space provided below or, if additional pages are attached, at the end of the last attachment.) I declare under penalty of perjury under the laws of the State of California that the information in the foregoing petition is true and correct.

Date: **March 11, 2026**

ROSA ARROYO CISNEROS

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

ADD ADDITIONAL SIGNATURE LINES FOR ADDITIONAL PETITIONERS

SIGNATURE OF PETITIONERS FOLLOWS LAST ATTACHMENT