

THIS QUESTIONNAIRE IS TO BE FILLED OUT WHEN THE NAME OF A MINOR CHILD IS TO BE CHANGED. PLEASE NOTE THAT ALL REASONABLE EFFORT MUST BE MADE TO CONTACT THE ABSENT PARENT(S). FAILURE TO DO SO MAY RESULT IN A DENIAL OR POSTPONEMENT OF YOUR PETITION

**THE COURT OF COMMON PLEAS FOR THE STATE OF DELAWARE**  
**IN AND FOR NEW CASTLE COUNTY**

IN RE CHANGE OF NAME OF:

\_\_\_\_\_ )  
\_\_\_\_\_ ) C..A. No. \_\_\_\_\_ )  
to \_\_\_\_\_ )  
\_\_\_\_\_ )

QUESTIONNAIRE

Child's present name: \_\_\_\_\_

Child's proposed name: \_\_\_\_\_

Name and address of child's natural father/mother (if not signing Petition)  
\_\_\_\_\_  
\_\_\_\_\_

Does the natural father/mother have parental rights? \_\_\_\_\_

Is the natural father listed as the father on the birth certificate? \_\_\_\_\_

Has the natural father acknowledged paternity or has any Court determined his paternity? \_\_\_\_\_

Does the natural father/mother have any contact with the child either through visitation, correspondence, telephone or otherwise? \_\_\_\_\_

Has the natural father/mother been notified by mail? \_\_\_\_\_

If not, why? \_\_\_\_\_  
\_\_\_\_\_

Has the natural father/mother indicated whether or not he/she is opposed to the proposed change of name? \_\_\_\_\_

Does the natural father/mother support the child either by Court Order or otherwise?

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Person Completing Form

