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 SUSSEX COUNTY

IN RE CHANGE OF NAME OF:	)
	)C.A. No
to	
QU	<u>IESTIONNAIRE</u>
Child's present name:	
Child's proposed name:	
Name and address of child's natural fa	ather/mother (if not signing Petition)
Does the natural father/mother have p	parental rights?
Is the natural father listed as the fathe	r on the birth certificate?
Has the natural father acknowledge	ed paternity or has any Court determined his
paternity?	
Does the natural father/mother have a	any contact with the child either through visitation,
correspondence, telephone or otherwi	se?
Has the natural father/mother been no	otified by mail?
If not, why?	

Has the natural father/mother indic	cated whether or not he/she is opposed to the proposed
change of name?	
Does the natural father/mother su	pport the child either by Court Order or otherwise?
DATE:	
DATE.	SIGNATURE OF PERSON COMPLETING FORM