

STATE OF SOUTH DAKOTA)
) :SS
COUNTY OF _____)

IN CIRCUIT COURT

_____ JUDICIAL CIRCUIT

In the Matter of the Petition regarding

(Birth Certificate Name), A Minor Child.
For a Change of Name to

(Proposed Name).

CIV. _____
**NOTICE & ADMISSION
OF SERVICE OF VERIFIED PETITION
FOR NAME CHANGE OF A MINOR CHILD
(UNCONTESTED) & NOTICE OF HEARING**
(BY MAIL)

TO _____, THE NON-PETITIONING PARENT:

The enclosed single copies of a Verified Petition for Name Change of a Minor Child (Uncontested) and a Notice of Hearing for Name Change of a Minor Child (Uncontested) are sent to you pursuant to SDCL § 15-6-4(i), as well as two (2) copies of this Notice & Admission of Service of Verified Petition for Name Change of a Minor Child (Uncontested) & Notice of Hearing, and a return envelope, postage prepaid, addressed to the Plaintiff.

You must complete the Admission of Service portion of this form and return the original to the sender within 20 days. In completing the form, you must fill in the town and state where you received the papers and sign and date the document. Failure to sign and return the original Admission of Service within 20 days after the date of mailing without good cause will result in the Court ordering the person so served to pay the costs of personal service. SDCL 15-6-4(i).

After you complete and return this form, you may then answer (respond to) the verified petition within 30 more days. If you choose not to answer in time, an Order for Name Change of a Minor Child pursuant to the verified petition may be entered by the court.

I hereby certify that this Notice & Admission of Service was mailed, postage prepaid, on this _____ day of _____, 20_____ to the above-named Non-Petitioning Parent, _____, at the following

mailing address:

from _____ (city where documents were mailed from),
_____ County, _____
(state where documents were mailed from).

Dated this _____ day of _____, 20_____.

Petitioner's Signature

Printed or typed name

Mailing Address

City, State and Zip Code

Telephone Number

ADMISSION OF SERVICE OF VERIFIED PETITION FOR NAME CHANGE OF A MINOR CHILD (UNCONTESTED) AND NOTICE OF HEARING FOR NAME CHANGE OF A MINOR CHILD (UNCONTESTED)

I, _____, admit receiving a copy of the Verified Petition for Name Change of a Minor Child (Uncontested) and a copy of the Notice of Hearing for Name Change of a Minor Child (Uncontested) in the above-captioned matter at _____ (city), _____ (county), _____ (state). This Admission merely acknowledges receipt of the papers; it does not admit or deny any of the statements contained in those papers.

Dated this _____ day of _____, 20____.

Signature of Non-Petitioning Parent

Typed or Printed Name

Mailing Address

City, State and Zip Code

Telephone Number

Sworn/affirmed before me this _____ day of _____, 20____.

(Notary Public/Clerk of Court)

If notary, my commission expires
(SEAL)

STATE OF SOUTH DAKOTA)
 :SS
COUNTY OF _____)

IN CIRCUIT COURT

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(Birth Certificate Name), A Minor Child.
For a Change of Name to

(Proposed Name).

CIV. _____

AFFIDAVIT OF MAILING

I, _____, being sworn, state that on
(Full legal name of Petitioning Parent)

_____, 20____, I sent the following documents:

2 copies of the Notice & Admission of Service of Verified Petition for Name Change of a Minor (Uncontested) & Notice of Hearing, 1 copy of the Verified Petition for Name Change of a Minor (Uncontested), and 1 copy of the Notice of Hearing for a Name Change of a Minor Child (Uncontested)

by placing true and correct copies in an envelope addressed to:

_____ at _____
(Full legal name of Non-Petitioning Parent) *(Non-Petitioning Parent's mailing address)*

in the City of _____, State of _____,

Zip Code _____ and depositing the envelope, with sufficient postage, in the

United States Mail at _____.

(city and state mailed from)

Dated this _____ day of _____, 20_____.

Signature of Petitioning Parent
(Sign only in front of a notary or Clerk of Court)

Sworn/affirmed before me this
_____ day of _____, 20_____.

Name: (Printed)_____

(Notary Public/Clerk of Court)

Address:_____

City/State/Zip:_____

If notary, my commission expires
(SEAL)

Telephone: (____)_____