	IN THE CIRCUIT C	OURT OF			, MISSOI	JRI		
		(County where cour	t is located. The "Ci	ty of St.	Louis" is considered a county.	)		
In	re:				)			
					Coop No			
(Fil	rst Name) (Middle N	lame) (Last Name)		Sr./III)	Case No			
Petitioner (Enter Child's full legal name above)			(0.00)	,				
					Division No.			
					(Use number on Petition)			
	Cor	sent to Minc	or Child's Ch	ange	e of Name			
Yc	our Information (You ar	e the "Respon	dent" in this c	ase)				
1.	My full legal name is:							
	(First Name) (I	Middle Name) (M	aiden Name - if app	licable)	(Last Name)	(Jr./Sr./III)		
2.	Check one of the two bo	exes.						
	☐ I am the mother of the child.							
	☐ I am the father of the							
_								
3.	My mailing address is:							
	(Street)							
	(City)	(State)	(Zip)	)	_			
	( )							
	(Telephone Number)	(E-mail Add	ress - Optional)					
4.	The other parent's (father or mother) full legal name and mailing address are:							
	(First Name) (I	Middle Name) (M	aiden Name - if app	licable)	(Last Name)	(Jr./Sr./III)		
	(Street)							
	(City)	(State)	(Zip)	)	_			
	( )							
	(Telephone Number)	(E-mail Add	ress - Optional)					

١W	ish to Inform the Co	ourt That						
	I consent to the court ordering the change of my child's name as requested in the <i>Petition for Change of Name by Parent (For Minor Child)</i> as listed below:							
5.	The child's full legal name is:							
	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)				
6.	The child wants to change his or her name to:							
	(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)				
fac atto	simile (fax); or leave it a orney associated with the ertify, under oath that on	t the office of the pare	ed.	with a clerk, receptionist or an en a copy of this <i>Consent to</i>				
Name			Address: U.S	S. mail/e-mail/fax number				

## Sign Below in the Presence of a Notary Public

named above and that the facts stated in Consent to Minor Child's Change of Name are true according to his or her best knowledge, information and belief. (Sign above in the presence of a Notary Public) (Print your name above) The following information must be completed by a notary public. STATE OF COUNTY OF On this \_\_\_\_\_ day of \_\_\_\_ \_\_\_\_\_, 20\_\_\_\_, before me personally appeared, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written. \_\_\_\_, Notary Public County, State of Missouri My commission expires: **Attorney Information** This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney. I have assisted the party(s) in the preparation of these pleadings, but I am not entering my appearance on behalf of party(s). (Attorney - Sign above) (Missouri Bar Number) (Attorney - Print your name above) (Street) (State) (City) (Zip) (E-mail Address - Optional) (Fax Number) (Telephone Number)

Respondent, of lawful age, being duly sworn on his or her oath, states that he or she is the Respondent