

CONS

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Self-Represented

**DISTRICT COURT  
CLARK COUNTY, NEVADA**

In the Matter of the Application of:

\_\_\_\_\_  
*(Parent's name(s))*

For Change of Name of the Minor Children:

\_\_\_\_\_  
*(First child's name)*

\_\_\_\_\_  
and *(Second child's name or "N/A")*

CASE NO.: \_\_\_\_\_

DEPT: \_\_\_\_\_

**CONSENT TO NAME CHANGE (CHILD 14 OR OLDER)**

I, *(child's current name)* \_\_\_\_\_,  
am at least 14 years old and consent to have my name changed to *(new name)*  
\_\_\_\_\_. I request that the Petition  
for Change of Name be granted.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this *(day)* \_\_\_\_\_ day of *(month)* \_\_\_\_\_, 20\_\_\_\_.

Submitted By: *(child's signature)* ▶ \_\_\_\_\_  
*(print child's name)* \_\_\_\_\_