

CONS

Your Name: _____

Address: _____

Telephone: _____

Email Address: _____

Self-Represented

DISTRICT COURT
_____ **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) _____