

Your Name: _____
Address: _____
City, State, Zip _____
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 first, middle, and last name)* _____,
am at least 14 years old and consent to have my name changed to *(new first, middle, and last 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) _____