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*) ▸ /s/_____
(*print child's name*) _____