

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*) _____