_____
Full Name of Party Filing This Document

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Mailing Address (Street or Post Office Box)

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City, State and Zip Code

_____
Telephone Number

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT OF

THE STATE OF IDAHO AND IN FOR THE COUNTY OF _____

IN RE: _____ _____ _____ _____ Legal Name of Child/ren.	Case No.: _____ PARENTAL CONSENT TO NAME CHANGE OF MINOR(S)

1. My full legal name is _____.
2. I am the ☐ Father ☐ Mother of:

   _____.
3. I consent to the change(s) of the name(s) of the child/ren as requested in the Petition.
4. I waive my right to be present at a hearing on this matter and request that the Petition be granted.

_____
Signature of Consenting Parent

STATE OF _____)
) ss.
County of _____)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State, personally appeared _____, known or identified to me to be the person whose name is subscribed to the foregoing instrument as the Defendant and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date last above written.

_____
NOTARY PUBLIC
Residing at _____
My Commission Expires: _____