Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| IN RE:  Legal name of child | Case No. PARENTAL CONSENT TO NAME CHANGE (Minor) |

1. My full legal name is .
2. I am the ⬜ Father ⬜ Mother of: .
3. I consent to the change of the name of the child 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.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date:

Typed/printed name Signature