
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