

CONS

(Your name)

(Address)

(Telephone)

In Proper Person

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Application of:)

CASE NO:

(Your name))
for Change of Name of the Minor Children)

DEPT NO:

(First child's name))

and)

(Second child's name))
)

CONSENT TO NAME CHANGE

I, (consenting parent's name) , the (check one) mother/father of the above-referenced minor child(ren), do hereby give my full and free consent to change (first child's name) 's name to . I also give my full and free consent to change (second child's name or "N/A") 's name to . I request the relief requested in the Petition for Change of Name on file be granted.

DATED this day of (month) , (year) .

(Consenting parent's signature)