
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE SECOND JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF LATAH

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.

Date: _____

Typed/printed name

Signature

STATE OF IDAHO)
) ss.
County of _____)

On this _____ day of _____, 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 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 for Idaho
Residing at _____
Commission expires _____