

ISLAND COUNTY DISTRICT COURT STATE OF WASHINGTON
In Re the Matter of:
Minor Child: _____
Petitioner: _____

No: _____

**CONSENT OF NATURAL PARENT TO
CHANGE THE NAME OF THE MINOR
CHILD (MINOR)**

Hearing Date: _____

Hearing Time: _____

Location: Island County District Court
800 SE 8th Avenue
Oak Harbor, WA 98277

COMES NOW the undersigned, the ☐ Mother ☐ Father and natural parent to the above minor child, and give my full consent to change the minor child’s name as indicated below.

1. My Name is: _____

FirstMiddleLast
2. I am the natural ☐ mother ☐ father of the minor child:

_____	_____	_____
First (Minor’s Legal Name)	Middle	Last
_____	_____	_____
Address	City	State Zip

Date of Birth		

Location of Birth		

3. I consent to change the minor child’s name:

FROM: (current legal name):		
_____	_____	_____
First (Current Legal Name)	Middle	Last
TO (new name):		
_____	_____	_____
First (New Name)	Middle	Last

4. I give this consent freely and voluntarily.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at: _____, on _____
City & State Date

Parent's Signature

Parent's Printed Name

Parent's Mailing Address

City, State Zip

Parent's Phone Number

Parent's Email Address

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

Notary Public in and for the State of Washington
Residing in _____
My appointment expires: _____