

**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 8<sup>th</sup> 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: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
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
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**TO (new name):**

First (New Name)	Middle	Last
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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 \_\_\_\_\_

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Parent's Signature

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Parent's Printed Name

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**Parent's Mailing Address**

City, State Zip

Parent's Phone Number

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**Parent's Email Address**

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
*(Handwritten signature)*

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