

Civil Court of the City of New York
County of _____

Index Number _____

In the Matter of the Application of

CONSENT

for Leave to Change His/Her Name To

STATE OF NEW YORK, COUNTY OF _____ ss.:

_____, being duly sworn, says:

I am (over the age of eighteen) (fourteen years of age or over) and reside at

I am (the Minor child) (the parent of the Minor child) (Spouse of the Petitioner) herein

I have read the within Petition dated _____, requesting a change
of name from _____ to _____

I consent to such change.

Signature of Affiant in the presence of the Notary

Sworn to before me this

_____ day of _____ 20____

Notary Public

