DISTRICT COURT FOR THURSTON COUNTY, WASHINGTON

IN THE MATTER of the Change of Name of)	No._____
)	
)	
)	AFFIDAVIT OF CONSENT TO
)	NAME CHANGE OF MINOR BY
_____)	BIRTH PARENT

STATE OF WASHINGTON)
)
County of Thurston)

The undersigned, being first duly sworn upon oath, states: I am the birth parent of a minor whose current full name is:_____.

(Current First, Middle and Last Name)

I have been informed that the petitioner in the above action wishes to change the minor's full name to:_____.

(Proposed First, Middle and Last Name)

I hereby **CONSENT** to changing my child's name to the proposed new name shown above.

_____

(Signature)

_____

(Printed First, Middle and Last Name)

SUBSCRIBED and SWORN to before me this _____day of _____, 2_____.

_____

NOTARY PUBLIC – State of Washington
Residing at _____

My commission expires_____