

**IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA
FAMILY DIVISION**

In re the Name Change of:

Child(ren): _____

Petitioner: _____

and

Respondent: _____

Civil Action File No: _____

CONSENT FORM

The undersigned [1] _____ and [2] _____ are the (check one)[3][] parents [] guardians of the following minor child(ren): [4] _____

_____ . They have been advised that [5] _____ is filing a Petition in the Superior Court of _____ County, Georgia, seeking to change the name(s) of the following child(ren) as follows: [6]

<u>Current name(s) of minor child(ren)</u>	to	<u>New name(s) of minor child(ren)</u>
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____
_____	to	_____

The undersigned hereby state that they have not abandoned said child(ren), nor have they failed for a continuous period of five years or more to support the child(ren). The undersigned have been advised of the reasons for said name changes and the undersigned hereby consents to the filing of said Petition and to the aforesaid change of names.

[7] _____
 Father Mother Guardian of

Address: _____

[8] _____
 Father Mother Guardian of

Address: _____

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.

VERIFICATION

Georgia, _____ County

The undersigned does hereby state under oath that the facts contained within the attached Consent are true and correct and that said Consent was voluntarily given without coercion of any kind.

 Father Mother Guardian
(Sign in front of the Notary)

Sworn to and subscribed before me
this _____ day of _____, _____

Notary Public

 Father Mother Guardian
(Sign in front of the Notary)

Sworn to and subscribed before me
this _____ day of _____, _____

Notary Public

If you require materials in alternate format, please notify the Family Law Information Center as soon as possible.