Your name			
Your mailing addi	ress		
City Stat	te	Zip	
Your phone numb Petitioner Pro			
Mo		: Judicial D	Judicial District Court istrict where you are filing County where you are filing
In the Matter of t		_: ge of	Cause No.: Dept. No.:
Petitioner on behalf of	(your name),	_,	Consent to Minor Child's Name Change
Minor Cl	nild (<i>child's name</i>	_, e now).	
STATE OF MON' COUNTY OF	ΓΑΝΑ unty you're in nov)): ss) <i>N</i>	
I,	name	being first	duly sworn upon oath depose and say that:

Co Pa

1.	am the Mother/ Father/ Guardian of (child's current full name:)					
	First	Middle	Last			
2.	I agree that the child's name should be change to (child's new full name:)					
	First	Middle	Last			
Date:	mana/alal/ann	Signature:				
	mm/dd/yyyy	Print Name:	Sign here			
SUBS	SCRIBED AND SWORN to	before me this	_ day of			
		Signature of Notary	Public for the State of MT			

[PLACE STAMP ABOVE]

Your name			
Your mailing addi	ress		
City Stat	te	Zip	
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Date:		Signature:				
	mm/dd/yyyy	Print Name:	Sign here			
SUBS	SCRIBED AND SWORN t	to before me this	day of, 20			
	Signature of Notary Public for the State of MT					

[PLACE STAMP ABOVE]