[Fill in the spaces next to the instructions. Other spaces are for Court use.]
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU
---x

In the Matter of the Application of

_____ ,

[2. Fill in name(s)]

individually and as parent or guardian of the infant(s)

_____ ,

[3. Fill in infant current name]

FOR LEAVE TO CHANGE INFANT(S) NAME(S) TO

_____ ,

[4. Fill in infant new name(s)]

---x

[1. Index No. & Year]

Index No.

_____/_____

AFFIDAVIT OF CONSENT

OF INFANT OF THE AGE

OF FOURTEEN (14)

YEARS OR OLDER

STATE OF NEW YORK,

ss}

COUNTY OF NASSAU:

     I, **[5. Current Infant name]** _____ being duly
sworn, deposes and says: that deponent is the infant in the within proceeding; has read
the foregoing petition of **[6. Insert Name of Petitioner]** _____
and joins in the prayer for relief and consents thereto.

_____
[7. Infant Signature]

_____
[8. Print Name]

Sworn to before me this
day of _____, 20 __

_____
Notary Public