

For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please note that you *cannot* save this form. Once complete you will be able to print it, but not save it. Please make sure that your **Highlight Fields** option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the **Highlight Fields** button that is on the far right side of the purple message bar.

 COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ X  
In the Matter of the Application of

 \_\_\_\_\_  
For Leave to Change Name of Infant from

 \_\_\_\_\_  
to

 \_\_\_\_\_ X

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss: 

 \_\_\_\_\_, deposes and says:

 ① I am the:  Parent of the infant in the petition  infant in the petition.

 ② I have read the foregoing Infant Name Change Petition and understand the same. I have no objection to the request and hereby give my consent to the change of name from \_\_\_\_\_ to \_\_\_\_\_.

  \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print name

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss: 

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me personally appeared \_\_\_\_\_, to me known and known to me to be the person described in and who executed the foregoing Consent and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public