



CIRCUIT COURT FOR _____, **MARYLAND**

City/County

Located at _____ Telephone _____

Court Address

Case No. _____

IN THE MATTER OF:

Minor's current legal name

Address

City, State, Zip

FOR CHANGE OF NAME TO:

Name petitioner wants minor to be known as

MINOR'S

☐ **CONSENT** ☐ **OBJECTION**
TO CHANGE OF NAME
(Md. Rule 15-901(c))

NOTE: Use this form to tell the court if you are at least 10 years old and consent to (agree) or object to (oppose) having your name changed.

My name is _____ . I was born on _____
Your current name Your birthdate
and I am _____ years old.
Age

My ☐ parent ☐ guardian ☐ custodian, _____ , is asking the court
Name of your parent, guardian, or custodian
to change my name to _____ .
Name they want you to be known as

I: *(select one)*

☐ **consent** to (agree) to changing my name from _____
Your current name
to _____ .
Name you want you to be known as

☐ **object** to (oppose) changing my name.

Date

Signature

Printed Name

Address

City, State, Zip

Telephone

E-mail