

NAME CHANGE - Minor(s)

CUSTOMER INFORMATION	
Contact Person:	NLF Rep: <i>(internal use only)</i>
Street Address:	Cell Phone:
City, State, Zip Code:	Alternate Phone:
EMAIL (required):	
Use only if: <ul style="list-style-type: none">• Both parents agree to the name change and will sign the documents; OR• One parent is deceased; OR• One parent's right have been legally terminated.	
FIRST PARENT'S INFORMATION	
(1) Full Name:	
(2) Street Address:	
(3) City, State, Zip Code:	
(4) Phone Number:	
(5) Email Address:	
SECOND PARENT'S INFORMATION	
(6) Full Name:	
(7) Street Address:	
(8) City, State, Zip Code:	
(9) Phone Number:	
(10) Email Address:	
(11) Second Parent: <input type="checkbox"/> Consents to the Name Change <input type="checkbox"/> Parental rights have been legally terminated (must provide copy of the court order). <input type="checkbox"/> Is deceased (must provide copy of death certificate).	
<i>*Child(ren) must sign consent if over 14</i>	
CHILD(REN)'S INFORMATION	
<i>First Child:</i>	
(12) Full Legal Name:	
(13) Date of Birth:	(14) Birthplace:
(15) New Name Requested:	
<i>Second Child:</i>	
(16) Full Legal Name:	
(17) Date of Birth:	(18) Birthplace:
(19) New Name Requested:	

Third Child:

(20) Full Legal Name:

(21) Date of Birth: (22) Birthplace:

(23) New Name Requested:

(24) Explain the reason(s) you wish to change the child(ren)'s name(s).

(25) First Parent and Child(ren) have resided in Clark County, Nevada since:

Notes: