



# ADDITIONAL PARENT REQUEST FOR NAME CHANGE

(Minor Children)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY \_\_\_\_\_  
*The County Where You Are Filing the Case*

REQUEST OF \_\_\_\_\_  
*Parent or Guardian First, Middle, and Last Name*  
TO CHANGE NAMES OF MINOR CHILDREN

Case Number \_\_\_\_\_



Use this form only if you checked the "Yes" box in 6a or 6b on the *Request for Name Change - Child Information*.  
Fill out this form for each additional parent or person who has legal rights to the child.



## 1. PERSON'S INFORMATION

*Do not include yourself. Do not include yourself or parents whose rights as parents have been terminated by a court order. List if there is a person who is not the parent who has physical custody of the child.*

*(Only check one box)*

a. Person below is:

- ☐ The other parent or legal guardian  
☐ Person who is not the parent with physical custody of the child

b. Name and address of person:

\_\_\_\_\_  
*First Middle Last*

\_\_\_\_\_  
*Street, Apt # City State/Province Zip*

## 2. HOW TO RECEIVE NOTICE

*Other people with legal rights to the child must receive written notice of your request to change the child's name unless their rights have been terminated. Select the way that the other parent or person who is not the parent with physical custody of the child will receive notice.*

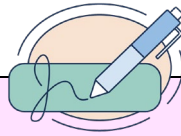
The person listed in section 1:

- ☐ will receive notice of this Request and the scheduled court date by me by certified mail or service of process by sheriff  
☐ cannot be located and has received notice of these proceedings by publication  
☐ had their parental rights terminated.

### 3. AGREE TO THE NAME CHANGE

Does the person listed in section 1 agree to this name change?

- ☐ No
- ☐ I don't know
- ☐ Yes (If yes, have the other person sign below **in front of an Official notary public**)



#### If Person Above Agrees - Notarized Consent

I \_\_\_\_\_  
*First Middle Last*

consent to the child's name change.

\_\_\_\_\_  
*Signature - Only sign in front of a notary public*

Notary Public  
State of Illinois

County of \_\_\_\_\_

Signed and Sworn to before me on \_\_\_\_\_ by \_\_\_\_\_  
*Month, Day, Year Name*

Notary Seal

\_\_\_\_\_  
*Signature of Notary*