



REQUEST FOR NAME CHANGE - ADDITIONAL PARENT

(Minor Name Change)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

Case Number

(Clerk fills in)



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 a parent 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.

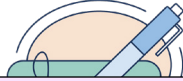
The person listed in section 1:

- ☐ 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 Other Parent 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