

**IN THE SUPERIOR COURT OF CLAYTON COUNTY  
STATE OF GEORGIA**

In re the Name Change of Child(ren):	*	Civil Action File No.
_____	*	
_____	*	_____
_____	*	
_____	*	
_____	*	
Petitioner,	*	
	*	
v.	*	
	*	
_____	*	
Respondent.	*	

**PETITION TO CHANGE NAME(S) OF MINOR CHILD(REN)**

**1. The following is information about the PETITIONER:**

Petitioner's name: \_\_\_\_\_  
 Petitioner is a resident of Clayton County, Georgia. Therefore, jurisdiction and venue are proper in this Court.

**2. The following is information about the CHILD(REN):**

The name(s) of the minor child(ren): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 The minor child(ren) is/are resident(s) of Clayton County, Georgia.

**3. The relationship between the Petitioner and the minor child(ren):**

Petitioner is the [*Check ONE.*] \_\_\_ mother \_\_\_ father \_\_\_ legal guardian of the minor child(ren).

**4. What do you want to change the name(s) of the minor child(ren) to?**

<u>Current Name of Child</u>	<u>Year of Birth</u>	<u>Proposed New Name</u>

5. The reasons for this name change are [*Briefly explain here why you want to change the name(s).*] :

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6. (a) **Information about the natural mother of the minor child(ren):**

Name of natural mother \_\_\_\_\_

Address of natural mother \_\_\_\_\_

(1) \_\_\_ I am the natural mother of the children. My signed consent form shall be filed with this Petition. [*Check option (a) ONLY if you are the mother. If you are not the mother, check one of the following options below in section (b).*]

(2) The natural mother [*check ONLY one*]

\_\_\_ Has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this Petition.

\_\_\_ Is deceased.

\_\_\_ Has abandoned the child(ren).

\_\_\_ Has not contributed to the support of the child(ren) for a continuous period of at least 5 years immediately preceding the filing of this Petition.

(b) **Information about the natural father of the minor child(ren):**

Name of natural father \_\_\_\_\_

Address of natural father \_\_\_\_\_

(1) \_\_\_ I am the natural father of the children. My signed consent form shall be filed with this Petition. [*Check option (a) ONLY if you are the father. If you are not the father, check one of the following options below in section (b).*]

(2) The natural father [*check ONLY one*]

[*You must check ONE (and only one) of the following.*]

\_\_\_ Has consented to this name change and has acknowledged service; the signed consent and acknowledgement of service shall be filed with this Petition.

\_\_\_ Is deceased.

\_\_\_ Has abandoned the child(ren).

\_\_\_ Has not contributed to the support of the child(ren) for a continuous period of at least 5

years immediately preceding the filing of this Petition.

7. [You must check ONE (and only one) of the following.]

\_\_\_ There is no legal guardian for these children, other than their parent(s).

or

\_\_\_ Both parents are deceased or have abandoned the child(ren), and: [If you checked this option, you must also check one of the below options]

\_\_\_ [Check only if you are the guardian.] I am the guardian in this action. My signed consent shall be filed with this Petition.

or

\_\_\_ the guardian is \_\_\_\_\_ [guardian's name], whose address

is: \_\_\_\_\_,

and she or he has consented to this name change and has acknowledged service. The signed consent and acknowledgement of service shall be filed with this Petition.

THEREFORE, the Petitioner asks:

(a) That the name(s) of the minor child(ren) be changed as requested in this Petition.

(b) [Check one of the following methods of service for each person who must be served. Be sure to carefully read the instructions about service before you complete this part.]

\_\_\_ That the sheriff's department personally serve the \_\_\_ mother \_\_\_ father \_\_\_ guardian of the minor children, whose address is shown above.

\_\_\_ That the \_\_\_ mother \_\_\_ father \_\_\_ guardian of the minor children be served by certified mail, because he or she resides outside the state of Georgia.

\_\_\_ That the Court order service by publication for the \_\_\_ mother \_\_\_ father \_\_\_ guardian of the minor children, whose address is unknown.

Dated: \_\_\_\_\_

\_\_\_\_\_

Petitioner, Pro se [your signature]

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (day): (\_\_\_\_) \_\_\_\_\_

**COMMENT: If the petition seeks to change the name of a minor, the written consent of living parents or guardian is required to be filed with the petition if the parents have neither abandoned the minor nor failed to support the children for a continuous period of five years or more immediately preceding the filing of the petition. If the location or address of the parent is unknown, service of the petition on the parent shall be made by publication as provided in O.C.G.A. § 19-12-1.**

**IN THE SUPERIOR COURT OF CLAYTON COUNTY  
STATE OF GEORGIA**

In re the Name Change of Child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

v.

\_\_\_\_\_,  
Respondent.

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Civil Action File No.

\_\_\_\_\_

**VERIFICATION OF PETITION TO CHANGE NAME(S) OF MINOR CHILD(REN)**

My name is [1] \_\_\_\_\_. I hereby swear or affirm, before a notary public, that I have read the Petition to Change Name of Adult that I am filing with this Verification, and the facts stated in it are true.

[2] \_\_\_\_\_

Petitioner [*your signature*]

Subscribed and sworn before me

on \_\_\_\_\_, 20\_\_\_\_.

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



*[signature page to Consent Form for Petition to Change Name(s) of Minor Child(ren)]*

\_\_\_\_\_  
\_\_ Mother \_\_ Father \_\_ Guardian  
*[sign in front of the Notary]*

\_\_\_\_\_  
\_\_ Mother \_\_ Father \_\_ Guardian  
*[sign in front of the Notary]*

Subscribed and sworn before me  
on \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_, Notary  
Public

Subscribed and sworn before me  
on \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_, Notary  
Public



