



CIRCUIT COURT FOR \_\_\_\_\_, MARYLAND

City/County

Located at \_\_\_\_\_ Telephone \_\_\_\_\_

Court Address

Case No. \_\_\_\_\_

IN THE MATTER OF:

Minor's current legal name

Street Address

City, State, Zip

FOR CHANGE OF NAME TO:

Name petitioner wants minor to be known as

PARENT'S/GUARDIAN'S/CUSTODIAN'S
[ ] CONSENT [ ] OBJECTION
TO CHANGE OF NAME OF A MINOR
(Md. Rule 15-901(c) & (e))

NOTES: Use this form to consent to (agree) or object to (oppose) a petition for a change of name of your minor child.

- If your consent or objection is not filed with the petition for change of name of a minor, it must be filed within 30 days after you are served the Notice of Petition for Change of name of a Minor and the documents filed in this case. If you do not file a written consent or objection within those 30 days, the court will consider your silence to be consent and may grant the name change.
You can talk to a lawyer before signing this form.
Changing the name of a minor will not change an existing child support obligation or paternity.
Learn more at https://mdcourts.gov/legalhelp/family/namechange.

I, \_\_\_\_\_, whose address is \_\_\_\_\_, whose telephone number is \_\_\_\_\_, and whose e-mail address (if any) is \_\_\_\_\_

state that:

1. Select all that apply:

[ ] I am the [ ] parent [ ] guardian [ ] custodian of \_\_\_\_\_ Minor's current name

[ ] I was granted [ ] custody [ ] guardianship of the minor in Case Number \_\_\_\_\_

in \_\_\_\_\_ by \_\_\_\_\_ City/state Name of court

[ ] I believe that I am NOT the father of the minor, but I am listed as the father on their birth certificate.

2. Select one:

[ ] I consent to (agree) changing the minor's name from \_\_\_\_\_ Minor's current legal name

to \_\_\_\_\_ Name petitioner wants minor to be known as. I understand that I have the right to revoke my consent at any time before the court enters an order changing the minor's name.

Case No. \_\_\_\_\_

I **object to** (oppose) changing the minor's name from \_\_\_\_\_  
Minor's current legal name  
to \_\_\_\_\_ because:  
Name petitioner wants minor to be known as

3. I acknowledge that I was given the opportunity to consult with a lawyer, before signing this consent or objection.

Date	Signature
	Printed Name
	Street Address
	City, State, Zip
	Telephone Number
	E-mail
	Fax

*Complete this section if your consent or objection is not filed with the Petition for Change of Name of a Minor.*

**CERTIFICATE OF SERVICE**

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Parent's/Guardian's/Custodian's Consent or Objection to Change of Name of a Minor as indicated:

**Person served** (note if attorney): \_\_\_\_\_

Address of the person served: \_\_\_\_\_

Service method:  first-class mail on \_\_\_\_\_ Date  hand delivery on \_\_\_\_\_ Date

service on registered user via MDEC system on the effective date of filing.

**Person served** (note if attorney): \_\_\_\_\_

Address of the person served: \_\_\_\_\_

Service method:  first-class mail on \_\_\_\_\_ Date  hand delivery on \_\_\_\_\_ Date

service on registered user via MDEC system on the effective date of filing.

\_\_\_\_\_  
Date Signature Attorney Number