IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
DOMESTIC RELATIONS _____ DIVISION

IN RE: CHILD'S NAME

AFFIDAVIT OF CONSENT TO NAME CHANGE

STATE OF ARKANSAS)
) SS
COUNTY OF PULASKI)

VERIFICATION

COMES NOW the undersigned and states on oath:

1. I, (FATHER'S NAME), the biological father of (CURRENT NAME OF CHILD) consent to the name change of this child from (CURRENT NAME OF CHILD) to (NEW NAME OF CHILD).
2. I am over the age of eighteen (18) years and a resident of _____County, Arkansas.

FURTHER YOUR AFFIANT SAYETH NOT.

_____
NAME
ADDRESS
PHONE NUMBER

SUBSCRIBED AND SWORN TO before me this _____day of _____, _____.

_____
NOTARY PUBLIC

My Commission Expires:

_____