

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State      Zip Code

\_\_\_\_\_  
Phone Number                      Email

- Petitioner (without attorney/advocate)
- Respondent (without attorney/advocate)
- Other: \_\_\_\_\_
- Attorney/Advocate for \_\_\_\_\_.

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI  
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

<p>IN RE INTEREST OF:</p> <p>_____</p> <p>Minor Child(ren).</p> <p>UPON THE PETITION OF:</p> <p>_____</p> <p>Petitioner(s)</p> <p>AND CONCERNING:</p> <p>_____</p> <p>Respondent(s)</p>	<p><b>Cause No.</b> _____</p> <p><b>CONSENT TO NAME CHANGE- MINOR</b></p>
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I, \_\_\_\_\_ (minor), am 14 years old or older and I:

- Consent to the proposed change to my name as \_\_\_\_\_.
- Do NOT consent to change my name.

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- By checking this box, I am acknowledging I am filling in the blanks and **not** changing anything else on the form.
  - By checking this box, I am acknowledging that I have made a change to the original content of this form.
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**VERIFICATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_, swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Montana on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person authorized to administer oath.

My commission expires: \_\_\_\_\_

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**CERTIFICATE OF MAILING**

I, \_\_\_\_\_, do hereby certify that I mailed a true and accurate copy of the **CONSENT** was filed with the Court and simultaneously mailed by **first-class U.S. Mail** to the following on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the addresses given below.

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

\_\_\_\_\_  
Signature