

Name:
Address:

Phone:

Pro Se

**IN THE SUPERIOR COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

In the Matter of the Petitioner for the
Change of Name of:

FCD CN CIVIL ACTION NO. _____

Minor Child(ren)

**CONSENT BY NATURAL
MOTHER**

By:

Petitioner(s)

I, (Name of Mother) _____,

being first duly sworn and depose certify that I am the natural mother of (Name of Minor

Child(ren)) _____, born on (Minor

Child(ren)'s Date of Birth) _____, at (Minor Child(ren)'s Place

of Birth) _____. I have knowledge of the Petition for Change of Name

filed by (Name of Petitioner(s)) _____.

I give my full consent to said petition and request that said petition be granted by this honorable
Court.

This consent constitutes my voluntary appearance in this proceeding and I ask to waive any
further service on the notice of hearing.

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3 IN WITNESS WHEREFORE, I affix my signature below on this _____ day of

4 _____, 20____.

5
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7
8 _____
9 Natural Mother's Name and Signature

10
11 NOTARY PUBLIC

12 On this _____ day of _____, 20____, before me, the undersigned Notary
13 Public in and for the Commonwealth of the Northern Mariana Islands, (Name of Petitioner(s))
14 _____ appeared to me personally known to
15 be the person who executed the foregoing Consent of Change of Name and who acknowledged
16 execution of the same.
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