IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLACKAMAS
Probate Department

In the Matter of the Name Change of:

_____ _____
First *Middle*

_____
Last

(PRINT Present Name of Minor Child)

From the Above Name To:

_____ _____
First *Middle*

_____
Last
(PRINT Proposed New Name of Minor Child)

_____
((PRINT Name of Guardian Ad Litem)

CASE NO. _____

OBJECTION TO NAME CHANGE OF MINOR AND REQUEST FOR HEARING

I HEREBY give notice of my objection to the Petition for Change of Name of a Minor in this matter, and I request a hearing.

1. My relationship to the minor child is: _____
2. My objection(s) is/are: _____

_____

_____

_____

(Add another sheet if needed; be sure case number appears on all sheets)

Dated this ____ day of _____, _____.

_____
Signature Printed Name

_____
Address or Contact Address State, City, Zip Phone Number

IMPORTANT NOTICE:

The original is to be filed with the Court and a copy mailed by you to the Guardian Ad Litem. Your phone number and mailing address are required.
The filing fee of $105.00 must accompany this form.