

1 IN THE CIRCUIT COURT OF THE STATE OF OREGON
2 FOR THE COUNTY OF DESCHUTES

3 In the Matter of the Change of Name of a Minor)
4 Child:)

5 _____,)
(Present Name of Minor Child))

6 To _____,)
(New Name of Minor Child))

7 By _____,)
(Proposed Guardian Ad Litem))
8 Petitioner.)

Case No. _____

) AFFIDAVIT RE PETITION FOR
) APPOINTMENT OF GUARDIAN AD
) LITEM CHANGE NAME OF MINOR
) CHILD

9 STATE OF OREGON, County of Deschutes) ss.

10 I, the proposed guardian ad litem, being first duly sworn, do hereby declare that:

11 I am a resident of Deschutes County, in the State of Oregon. The above referenced minor
12 child is a resident of Deschutes County, State of Oregon, is ____ years of age, and is not presently
13 represented by a guardian or conservator.

14 I am the minor child's _____, (relationship) I am a competent adult
15 18 years of age or older, and am not disqualified under any provision of applicable law from being
16 appointed guardian ad litem in the above reference change of name proceeding.

17 (Check if applicable) I am one of the parents of the minor child. I do not intend to give
18 notice of this proceeding to _____, who is also a parent of the minor
19 child, because the minor child has not resided with that parent, and because that parent has not
20 contributed or tried to contribute to the support of the minor child.

21 _____
22 Signature of Proposed Guardian Ad Litem

23 SIGNED AND SWORN to before me on _____, 20 ____.

24 _____
25 Court Clerk/Notary Public for the State of _____
26 My commission expires: _____

1 Submitted by:

2
3 _____
Attorney/Petitioner's Name

Address

4
5 _____
City

State

Zip

Phone No.

If Attorney: Bar No.

E-mail

Fax

6 Certificate of Document Preparation

7 If this document was not completed by an attorney, I hereby certify that the following statements are true: (check all boxes and complete all blanks that apply)

8 A. I selected this document for myself, and I completed it without paid assistance.

B. I paid or will pay money to _____ for assistance in preparing this form/document.

9 DATED _____

Signature