The Family Court of the State of Delaware

In and For  New Castle County  Kent County  Sussex County

# ANSWER TO PETITION FOR MINOR NAME CHANGE

|  |  |
| --- | --- |
| **File Number** | **Petition Number** |
|  |  |

*Petitioner vs Respondent 1 Respondent 2*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | |  | Name | |  | Name |
|  | |  |  | |  |  |
| Street Address | |  | Street Address | |  | Street Address |
|  | |  |  | |  |  |
| P.O. Box / Apt Number | |  | P.O. Box / Apt Number | |  | P.O. Box / Apt Number |
|  | |  |  | |  |  |
| City/State/Zip Code | |  | City/State/Zip Code | |  | City/State/Zip Code |
|  | |  |  | |  |  |
| D.O.B. | |  | D.O.B. | |  | D.O.B |
|  | |  |  | |  |  |
| Relationship to Minor | |  | Relationship to Minor | |  | Relationship to Minor |
| Parent | Legal Guardian |  | Parent | Legal Guardian |  | Parent  Legal Guardian |
| Attorney Name | |  | Attorney Name | |  | Attorney Name |
|  | |  |  | |  |  |
| Interpreter Needed  Yes  No | |  | Interpreter Needed  Yes  No | |  | Interpreter Needed  Yes  No |
| Language | |  | Language | |  | Language |

**\*If you agree with the request made in the Petition for Minor Name Change, you can file with the Court the attached Form 493 - Affidavit of Parental Consent to Petition for Minor Name Change. You need not also file the Answer.**

The Respondent hereby answers the numbered questions in the Petition for Minor Name Change as follows (use additional pages for comments if necessary):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | The Petition correctly stated whether I am listed on the birth certificate. | | | |
| Admit | | Deny | Comments: |  |
| 2 | The Petition correctly stated whether I filed a Voluntary Acknowledgement of Paternity. | | | |
| Admit | | Deny | Comments: |  |
| 3 | The Petition correctly stated whether I had been established as a parent of the child by a Court. | | | |
| Admit | | Deny | Comments: |  |
| 4 | The Petition correctly stated whether my parental rights of the child had been terminated. | | | |
| Admit | | Deny | Comments: |  |
| 5 | The Petition correctly describes my contact with the child. | | | |
| Admit | | Deny | Comments: |  |
| 6 | The Petition correctly describes my financial support of the child. | | | |
| Admit | | Deny | Comments: |  |
| 7 | The Petition correctly describes my position on the requested name change. | | | |
| Admit | | Deny | Comments: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN TO AND SUBSCRIBED Before me this date, | | |  | | | . | | |
|  |  |  | |  |  | |  |
| Affiant (Print Name) |  | Affiant (Signature) | |  | Notary Public/Clerk of Court | |  |

(Complete the following sworn statement AFTER mailing or delivering a copy to the Petitioner. Then file this paper with the Family Court.)

A copy of this Answer, and or the Affidavit of Parental Consent was sent or given to Petitioner by  U.S. Mail to the above address

with postage on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_; or  personal delivery on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to (location or address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

State of Delaware, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of  New Castle  Kent  Sussex signature of person who mailed or delivered the document

SIGNED AND SWORN TO (OR AFFIRMED)

BEFORE ME ON \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ notary public / Clerk of Court