

Supplemental Affidavit

I, a
Of

Aged eighteen years and upwards make Oath and say as follows:

1. I confirm I am the parent of and wish to change the said minors name from to
2. I confirm that of is the said minors parent and gives their consent to this name change.

3.

4. The minor resides at

Sworn before me by the said
On the
at

Before me a Commissioner for Oaths/Practising Solicitor and the deponent
DELETE AS APPROPRIATE –
is personally known to me /
is identified to me by
Whom I personally know /
Whose identity has been established to me by reference to a relevant document containing a photograph

Deponent signature

Commissioner for Oaths/Practising Solicitor