[Rule 16.02(1)(b)](http://www.austlii.edu.au/au/legis/vic/consol_reg/ccmr2009369/s16.02.html)

**FORM 2–16B**

**AFFIDAVIT IN SUPPORT OF APPLICATION FOR APPROVAL OF A PROPOSED CHANGE OF NAME OF A CHILD**

**IN THE COUNTY COURT CI-\_\_\_-\_\_\_\_\_\_\_**

**OF VICTORIA**

**AT**

**BETWEEN**

|  |  |  |
| --- | --- | --- |
|  |  | **Applicant** |
|  | and |  | |
|  |  |  | |

**Respondent**

|  |  |
| --- | --- |
| Date of Document: | Solicitors Code: |
| Filed on behalf of: | Telephone: |
| Prepared by: | DX: |
| Email: | Ref: |

    1.     I, [*name of applicant*], c/o the Registrar, County Court at[or *insert address of applicant*], [*occupation*], am a parent of [*insert full name*[*s*] *of child/children whose name*[*s*] *\*is/\*are sought to be changed*] \*affirm / \*make oath and say as follows:

    2.     The date of birth of [ *name of child* ] is—

    [ *Insert extra name* [ *s* ] *and dates* [ *s* ] *of birth if application is for more than one child and the Respondent is the other parent of the other child/children* ]

    3.     The other parent of the \*child/\*children is the Respondent in these proceedings whose full name and address is—

    [ *Insert details* ]

    \*4.     That I was married to the Respondent at on [ *insert date* ].

*or*

    \*4.     That I had a de facto relationship with the Respondent from [ *insert date* ].

    5.     That I last resided with the Respondent on [ *insert date* ].

    6.     [ *If applicable* ] That I was divorced from the Respondent in the Family Court of Australia at on [*insert date* ].

    7.     I \*have made/\*can make the following attempts to contact the Respondent about this application—

    [ *Insert details* ]

    8.     The Respondent last \*had/\*sought personal contact with the \*child/\*children on—

    [ *Insert details* ]

    9.     The Respondent last contributed to the financial support of the \*child/\*children on [ *insert date* ].

\*10.     The following order was made by the Court at on [ *insert date* ] with respect to the \*residence of and parental contact with/ \*custody of and access to the \*child/\*children—

*or*

\*10.     No Court orders have been made with respect to the residence of and \*parental contact with/\*custody of and access to the \*child/\*children.

    11.     I believe that it is in the best interests of the \*child/\*children that the name[s] of the \*child/\*children be changed for the following reasons—

    [ *Set out reasons* ]

\*delete if inapplicable

The contents of this affidavit are true and correct and I make it knowing that a person making a false affidavit may be prosecuted for the offence of perjury.

\*Sworn / \* Affirmed at ) ……………………………………

in the State of Victoria on ) [Signature of person making the affidavit]

Before me, …………………………………….

Print Name: …………………………………………………………………

Qualification:………………………………………………… Address:…………………………............………………….

A person authorised under section 19(1) of the **Oaths and Affirmations Act 2018** to take an affidavit.