

**AFFIDAVIT**

STATE OF \_\_\_\_\_

PARISH OR COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared:

\_\_\_\_\_, who being first duly sworn deposed and said:

That he/she has reviewed the \_\_\_\_\_ of  
\_\_\_\_\_, resident of this parish or county of  
\_\_\_\_\_ and states that the Office of the  
District Attorney of the parish or county of \_\_\_\_\_

has no objection to the proposed name change from

\_\_\_\_\_ to

\_\_\_\_\_.

\_\_\_\_\_  
(Signature of the District Attorney)

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Seal and Signature of Notary Public)

\_\_\_\_\_  
(Print Notary Name)

Notary ID/Bar # \_\_\_\_\_ Date Commission Expires: \_\_\_\_\_