



DECLARATION OF CONSENT OF THE MINOR AGED 12 OR OVER

Information notice:

The interested party is informed:



- that the Ministry of Justice will collect and use their personal data in accordance with the law of 19 December 2020 on the change of surname and first names and amending the amended law of 8 March 2017 on Luxembourg nationality and in compliance with the legal provisions on data protection. In the framework of the administrative procedure, the data of the person concerned may be consulted in the National Registry of Natural Persons, in accordance with the amended law of 19 June 2013 on the identification of natural persons.
- that minors who have reached the age of 12 must give their consent to the change of first name(s) and/or surname (Form: Declaration of consent of the minor aged 12 or over).
- that, in case of multiple nationalities, a change of first name(s) and/or surname will not be automatically recognised by the foreign authorities.

Your rights regarding your personal data:

In accordance with Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, you have the right to access, rectify and, where applicable, request the erasure of information relating to you, within the limitations set out in this Regulation.

Additionally, unless the processing of your personal data is compulsory, you may, with legitimate reasons, oppose the processing of such data. If you wish to exercise these rights, please contact the data protection officer of the Ministry of Justice (13, rue Erasme, L-1468 Luxembourg).

[GDPR application form](#)

Article 77 of Regulation (EU) 2016/679 gives you the right to lodge a complaint, without prejudice to any other administrative or judicial remedy, with the National Commission for Data Protection, at its head office at 15, boulevard du Jazz, L-4370 Belvaux.

1. Personal Information

Fields marked with an * are mandatory

To be filled in by the minor

The undersigned,

Current surname*:

First name(s)*:

born on*:

in*:

residing at*:

agrees to the introduction of the procedure in order to be granted authorisation to bear the first name(s) and last name*:

Desired gender: Male Female

Email: Phone:



2. Signature

Fields marked with an * are mandatory

Place*:

Date*:

Signature
of the
minor*:

