

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

FOR CLERK USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case Number: _____

In the Matter of:

APPLICATION FOR CHANGE OF NAME FOR A MINOR CHILD (ARS 12-601)

A Minor

STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT ME, THE APPLICANT

(First)	(Middle)	(Last)

Applicant's Address is Listed Above. County of Residence: _____

Date of Birth: _____ Place of Birth: _____
(Month / Day / Year) (City, State, Nation)

2. INFORMATION ABOUT THE MINOR FOR WHOM THIS NAME CHANGE IS REQUESTED:

Name as it appears on the Birth Certificate:

(First)	(Middle)	(Last)

Address Same as Applicant, or: _____

Relation to Applicant: _____ County of Residence: _____

Date of Birth: _____ Place of Birth: _____
(Month / Day / Year) (City, State, Nation)

New Name Requested:

(First)	(Middle)	(Last)

3. I ASK THAT THE BIRTH RECORDS BE CHANGED TO REFLECT THE NEW NAME LISTED ABOVE.

4. I REQUEST THAT THE NAME BE CHANGED FOR THE FOLLOWING REASONS:

ADDITIONAL STATEMENTS

I understand that this name change does not establish paternity and will not cause a father's name to be added to a birth certificate.

This application is made solely for the best interest of the minor child named above. It will not release the person from any obligations incurred or harm any rights of property or action in any original name.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Petitioner's Signature

Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

Deputy Clerk or Notary Public