Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Day/Evening Phone: _____ / _____
Person Filing is: ☐ SELF (No Attorney) OR ☐ Attorney
If Attorney, Bar No.: _____ Atty. Phone: _____

For Clerk's Use Only

SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

In the Matter of

_____
Name of Person for Whom Delayed Birth Certificate is Requested

Case Number: _____

CONSENT TO ESTABLISHMENT OF DELAYED BIRTH CERTIFICATE AND WAIVER OF NOTICE

REQUIRED INFORMATION, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME:

Name _____

Address _____

Telephone: _____

Date of Birth: _____
Month Day Year

☐ **I am the parent of the person for whom the Delayed Birth Certificate is requested, or**
☐ **I am the legal guardian of the person for whom the Delayed Birth Certificate is requested.**

2. I have read the **Petition to Establish a Delayed Birth Certificate** and consent to the establishment of the Certificate as stated in the **Petition**, naming the following persons as parents of the petitioner:

(Father) First	Middle	Last Name

(Mother) First	Middle	Last Name

3. **I waive notice of all further proceedings in this matter.**

OATH OR AFFIRMATION

The contents of this document are true and correct to the best of my knowledge and belief.

_____ _____
Signature Date

Sworn to or affirmed before me this date: _____

_____ _____
My Commission expires/Seal Deputy Clerk or Notary Public

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February 5, 2008
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