

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 IN MARICOPA COUNTY

In the Matter of _____

Case Number: _____

CONSENT OF SPOUSE TO NAME CHANGE OF OTHER SPOUSE AND WAIVER OF NOTICE

Name of Applicant
(Person Requesting Name Change)

REQUIRED INFORMATION, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME (the spouse of the applicant):

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____
Month Date Year

I am married to the Applicant (the person requesting the name change).

2. I have read the Application for Name Change and consent to changing my spouse's legal name to the new name of:

_____	_____	_____
First	Middle	Last

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

OATH OR AFFIRMATION OF CONSENTING SPOUSE

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:

Seal/ My Commission expires

Deputy Clerk or Notary