

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 USE ONLY

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of \_\_\_\_\_

Case Number: \_\_\_\_\_

### CONSENT OF PARENT TO NAME CHANGE OF A MINOR CHILD AND WAIVER OF NOTICE

\_\_\_\_\_ a Minor

#### REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:

##### 1. INFORMATION ABOUT ME:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Date Year

Place of Birth: \_\_\_\_\_  
City State Nation

I am the natural  MOTHER or  FATHER of the minor child named above.

I am the adoptive  MOTHER or  FATHER of the minor child named above.

##### 2. I have read the Application for Name Change and consent to changing the child's LEGAL name to:

_____	_____	_____
First	Middle	Last

##### 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

\_\_\_\_\_  
Notary Public or Deputy Clerk