

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

_____ Case Number: _____
Name of Applicant

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served copies of the ***“Application for Change of Name”*** and the ***“Notice of Hearing Regarding Application for Change of Name”*** on the person named below by certified mail/restricted delivery, return receipt requested.

Person served (name of other party): _____

Address where other party was served: _____

Date of receipt by the other party: _____

2. The Application and Notice listed above were received by the other party as shown by the receipt, the original of which is attached to this Affidavit on a separate piece of paper.

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

Signature of Sender

Date

Sworn to or affirmed before me this date:

My Commission expires

Notary Public or Deputy Clerk