

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**

(2) In the Matter of \_\_\_\_\_

Case No. \_\_\_\_\_

\_\_\_\_\_  
Name of person needing birth certificate)

**AFFIDAVIT OF SERVICE BY  
CERTIFIED MAIL  
REGARDING PETITION FOR DELAYED  
BIRTH CERTIFICATE A.R.S. § 36-333**

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 ***“Petition to Establish Delayed Birth Certificate”*** and the ***“Notice of Hearing Regarding Petition to Establish Delayed Birth Certificate”*** 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 **Petition** 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:

\_\_\_\_\_  
Seal/My Commission expires

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