

Person Filing Document:
Street Address:
City, State, Zip Code:
Telephone Number(s): Day / Eve
Represented by Self (No Attorney), or by Attorney
If Attorney, State Bar Number:

FOR CLERK USE ONLY

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case Number:

In the Matter of:

**APPLICATION FOR CHANGE OF
NAME FOR A MINOR CHILD
(ARS 12-601)**

A Minor

STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT ME, THE APPLICANT

(First) (Middle) (Last)

Applicant's Address is Listed Above. County of Residence:

Date of Birth: Place of Birth:
(Month / Day / Year) (City, State, Nation)

2. INFORMATION ABOUT THE MINOR FOR WHOM THIS NAME CHANGE IS REQUESTED:

Name as it appears on the Birth Certificate:

(First) (Middle) (Last)

Address Same as Applicant, or:

Relation to Applicant: County of Residence:

Date of Birth: Place of Birth:
(Month / Day / Year) (City, State, Nation)

New Name Requested:

(First) (Middle) (Last)

3. I ASK THAT THE BIRTH RECORDS BE CHANGED TO REFLECT THE NEW NAME LISTED ABOVE.

4. I REQUEST THAT THE NAME BE CHANGED FOR THE FOLLOWING REASONS:

Case No.

ADDITIONAL STATEMENTS

I understand that this name change does not establish paternity and will not cause a father's name to be added to a birth certificate.

This application is made solely for the best interest of the minor child named above. It will not release the person from any obligations incurred or harm any rights of property or action in any original name.

OATH OR AFFIRMATION OF APPLICANT

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

Signature

Date

Acknowledged before me this date:

Seal/My Commission expires

Notary Public or Deputy Clerk