

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing [] Self or [] Attorney for _____
Lawyer's Bar Number: _____

FOR CLERK USE ONLY

SUPERIOR COURT OF ARIZONA
IN _____ COUNTY

In the matter of:

Case Number: _____

A Minor

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

STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

1. Information about me, the applicant (adult)

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[First, Middle, Last]

Address: _____

Date of Birth [Month/Date/Year]: _____

County of Residence: _____

Place of Birth [City, State, Nation]: _____

2. Information about the minor for whom this name change is requested:

Name on Birth Certificate

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[First, Middle, Last]

Address: _____

Date of Birth [Month/Date/Year]: _____

County of Residence: _____

Relationship to Applicant: _____

Place of Birth [City, State, Nation]: _____

3. I ask that the legal name be changed to:

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[First, Middle, Last]

4. I ask that the birth records be modified to reflect the name listed above.

5. I request that the legal name be changed for the following reason:

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

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

Date

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)
by _____.

(notary seal)

Notarial Officer

Title