FOR CLERK USE ONLY

Person Filing:

Address (if not protected):

City, State, Zip Code:

Telephone:

Email Address:

Representing [ ] Self or [ ] Attorney for ­

Lawyer’s Bar Number:

**SUPERIOR COURT OF ARIZONA**

**IN**   **COUNTY**

|  |  |  |
| --- | --- | --- |
| In the matter of: A Minor  |  | Case Number: **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)

|  |  |  |
| --- | --- | --- |
|  |  |  |

[First, Middle, Last]

Address:

Date of Birth [Month/Date/Year]:

County of Residence:

Place of Birth [City, State, Nation]:

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

Name on Birth Certificate

|  |  |  |
| --- | --- | --- |
|  |  |  |

[First, Middle, Last]

Address:

Date of Birth [Month/Date/Year]:

County of Residence:

Relationship to Applicant:

Place of Birth [City, State, Nation]:

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

|  |  |  |
| --- | --- | --- |
|  |  |  |

[First, Middle, Last]

1. I ask that the birth records be modified to reflect the name listed above.
2. 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