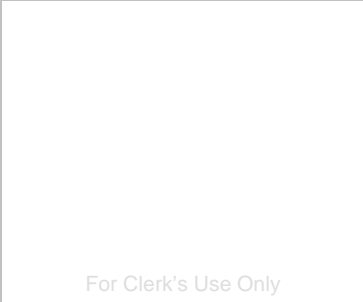


Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_



Representing  Self, without a Lawyer or  Attorney for  Petitioner OR  Respondent

## 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.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sender

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ by  
(date)

\_\_\_\_\_

(notary seal)

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