

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

In the Matter of:

Case Number: _____

A Minor

CONSENT OF MINOR TO NAME CHANGE (If minor is 14 or older)

REQUIRED INFORMATION FROM MINOR, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME

Name on Birth Certificate

First	Middle	Last

Address: _____

Telephone: _____

Date of Birth (Month / Day / Year): _____
Month
Date
Year

Place of Birth (City, State, Nation): _____
City
State
Nation

I am the minor who is the subject of this name change request.

I am at least 14 years of age.

Case Number: _____

2. I have read the Application for Name Change and consent to changing my LEGAL name to:

First	Middle	Last

3. I waive notice of all further proceedings in this matter.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Minor's signature if 14 or over

STATE OF _____

COUNTY OF _____

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

_____.

(notary seal)

Deputy Clerk or Notary Public