

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

For Clerk's Use Only

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

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the matter of:

Case Number: CV _____

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

Name of Minor whose birth certificate needs correction

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 Amend Birth Certificate for a Minor"*** and the ***"Notice of Hearing Regarding Petition to Amend Birth Certificate for a Minor"*** 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 **Application** 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.

UNDER PENALTY OF PERJURY

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

Date

Signature of Sender

Printed Name of Sender

STATE OF _____

COUNTY OF _____

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

(notary seal)

Deputy Clerk or Notary Public