For Clerk’s 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 (If minor is 14 or older) |  | Case Number: **CONSENT OF MINOR TO NAME CHANGE** |

**REQUIRED INFORMATION FROM MINOR, UNDER OATH OR AFFIRMATION:**

1. **INFORMATION ABOUT ME:**

Name on Birth Certificate:

[First, Middle, Last]

Address:

City, State, Zip Code:

Telephone Numbers:

Date of Birth [Month/Date/Year]:

Place of Birth [City, State, Nation]:

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

[ ] I am **at least 14** **years** of age.

1. 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.

**OATH OR 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:  (date)

by .

(notary seal) Notarial Officer

 Title