

# **NAME CHANGE FOR A FAMILY**



## **PINAL COUNTY**

**TO MAKE A REQUEST FOR A CHANGE OF NAME FOR A FAMILY**

### **INSTRUCTIONS AND FORMS**

**Provided as a Public Service by  
Rebecca Padilla  
Clerk of the Superior Court**

## REQUEST A CHANGE OF NAME FOR A FAMILY

This packet contains general information and instructions to file an Application for Release of Excess Proceeds of Sale. Be sure this packet contains the following documents:

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You have permission to use these documents for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

# APPLICATION FOR CHANGE OF NAME OF A FAMILY

## CHECKLIST

**USE THE FORMS AND INSTRUCTIONS** in this packet only if the following factors apply to your situation:

- ✓ You want to ask the court to change your name,

AND

- ✓ You are an adult 18 years or older,

AND

- ✓ You do have minor children,

AND

- ✓ You are the parent or guardian of the child(ren).

**NOTE:** For information regarding name changes that can be obtained without going to court, or to add a name to, or change a name on a birth certificate, please contact the Arizona Department of Health Services, Bureau of Vital Records at (602) 364-1237.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing.

## PROCEDURES

### HOW TO FILE FOR A CHANGE OF NAME WITH THIS COURT FOR A FAMILY

**STEP 1: FILL OUT THE FORMS: Use Black Ink Only. Keep Forms Neat & Clean. Do Not Fold Forms. Do Not Use Line Paper When Including Attachments**

Fill out the "*Application for Change of Name for a Family*", "*Civil Cover Sheet*" and the "*Notice of Hearing Regarding Application for Change of Name*" (leave date, time and location blank).

**STEP 2: MAKE COPIES:**

Make 2 copies of the "*Application for Change of Name for a Family*"

**STEP 3: FILE THE PAPERS AT THE COURT:**

**WHO: Who must file the "*Application for Name Change of a Family*"?**

The husband or wife, or their attorney, must file the papers. (The family may be included in one application with one filing fee)

Visit our website for office locations or feel free to give us a call.

**Contact Information for all Offices**

Toll Free: 888.431.1311 • Local: 520.509.3555 or 311 • Fax: 520.866.5320

[www.coscpinalcountyaz.gov/office.html](http://www.coscpinalcountyaz.gov/office.html)

**FEES:** Please check with the Clerk's office for the current filing fee. The fee is payable to the Clerk of the Superior Court by cash, money order, visa or MasterCard. If the filing fee is a hardship and you think a fee deferral is appropriate, ask the staff at the Customer Service Counter for an Application for Fee Deferral before you file your Petition.

**Note:** With the Application for Deferral, you must provide proof of income (copy of your last 2 most recent paystubs)

**PAPERS:** Give your original application and all copies to the Clerk along with the filing fee. **Make sure the filing clerk conforms (stamps) all of your copies and returns them to you.**

**STEP 4: SCHEDULE YOUR HEARING AT THE TIME OF FILING:**

After filing your application, the clerk will complete the "*Notice of Hearing Regarding Application for Change of Name*" to show the date (depending on your method of service), time, and place of your hearing. You must request copies of this form.

**STEP 5: NOTIFY ANY INTERESTED PARTY:**

- If your spouse is not included in the requested name change, they must be notified about your request for name change and the scheduled hearing.
- If the parent of one or more of the minor children is not included in the requested name change, they must also be notified about your request for name change and the scheduled hearing.
- If the child is 14 years or older, they must sign the **“Consent of Minor to Name Change”** included in this packet, and have it notarized or attend the hearing.

**HOW TO NOTIFY: If you know where the person(s) lives, you can do one of the following:**

1. IF THE PERSON AGREES WITH YOUR REQUEST – Give them a stamped copy of your application and the **“Notice of Hearing Regarding Application for Change of Name”** that shows the date, time, and place of your hearing. Then, have the person complete either the form entitled, **“Consent of Parent to Name Change of a Family and Waiver of Notice”** or **Consent of Spouse to Name Change of an Adult and Waiver of Notice”** and have it notarized. These documents serve as your proof of notice. Bring the signed and notarized “Consent of Parent/Spouse to Name Change of a Family and Waiver of Notice” to the hearing.
2. IF THE PERSON DOES NOT AGREE WITH YOUR REQUEST OR YOU ARE NOT SURE IF HE/SHE AGREES - Give the person a stamped copy of your application and the **“Notice of Hearing Regarding Application for Change of Name”** that shows the date, time, and place of your hearing. Then, have the person sign an **“Acceptance of Service”**. That notarized form serves as the proof of notice. Bring the signed and notarized **“Acceptance of Service”** to the hearing; **OR,**
3. Send a copy of your application bearing the Clerk’s stamp and the **“Notice of Hearing Regarding Application for Change of Name”** showing the date, time, and place of hearing by certified mail/restricted delivery (return receipt requested). This must be done at least 30 days before the hearing. Proof of notice for this step is the card returned to you from the Post Office showing delivery. Bring the card and a completed **“Affidavit of Service by Certified Mail”** to the hearing. The person who should receive notice of the hearing must sign the return receipt.

**If you do NOT know where the parent(s) lives:**

A Notice of Hearing that shows the date, time, and place of your hearing must be published once in a newspaper of general circulation in Pinal County at least 14 days before the hearing. This is called notice by publication.

If notice is by publication, you must complete a notarized statement explaining in detail what efforts you made to locate the person(s). Bring that statement with you to the hearing. The Court will not accept notification by publication unless diligent efforts have been made to locate the person for whom notification is required.

**STEP 6: ATTEND THE HEARING:**

**WHO:** All adults who are requesting a name change **MUST** be present at the hearing. In addition, if the request is for a minor who is 14 years or older, that child must either be present at the hearing or you may provide a notarized statement from the child consenting to the name change.

**BRING: These documents are required for your hearing:**

- 2 copies of ***“Order Changing Name for a Family”***
- Photo identification for any person(s) who requests the change of name
- A Clerk stamped copy of all filed documents
- Proof of Notice as described above in Step 5
- Notarized consent from the other parent or proof that the other parent was served with notice of the Application and the Notice of Hearing.
- Prior Name Change orders (If applicable)
- Proof of naturalization or resident alien status (If applicable)
- Certified copy of child(ren)’s birth certificate(s)
- Order terminating parental rights of the other parent (if applicable)
- Adoption Decree (if applicable)
- Proof of Guardianship (if applicable)
- Death Certificate of minor child’s parent (if applicable)
- If the person requesting the change of name, or the child is not a United States citizen, his/her passport or proof of immigration status must also be provided at time of hearing.

**Always make sure that you make a copy of any documents you submit to the Court and keep those copies for your records.**

**AFTER THE HEARING:**

If the Judge grants the name change(s), the Order Changing Name will be signed and you will be directed to the Customer Service Counter to receive a conformed copy of the Order.

You may need to purchase a certified copy of the Order to complete the change of name with other state and local government agencies.

Please check with the Clerk’s office for the current fee for purchasing a “Certified Copy” of the Order Changing Name. The fee is payable to the Clerk of the Superior Court by cash, money order, visa or MasterCard.

**In the Superior Court of the State of Arizona  
In and For the County of \_\_\_\_\_**

Case Number \_\_\_\_\_

**CIVIL COVER SHEET- NEW FILING ONLY**  
(Please Type or Print)

Plaintiff's Attorney \_\_\_\_\_

Attorney Bar Number \_\_\_\_\_

Plaintiff's Name(s): (List all)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff's Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(List additional plaintiffs on page two and/or attach a separate sheet).

Defendant's Name(s): (List All) \_\_\_\_\_

(List additional defendants on page two and/or attach a separate sheet)

**RULE 26.2 DISCOVERY TIER OR MONETARY RELIEF CLAIMED:**

**IMPORTANT: Any case category that has an asterisk (\*) MUST have a dollar amount claimed or Tier selected.** State the monetary amount in controversy or place an "X" next to the discovery tier to which the pleadings allege the case would belong under Rule 26.2.

Amount Claimed \$ \_\_\_\_\_  Tier 1  Tier 2  Tier 3

**NATURE OF ACTION**

Place an "X" next to the **one** case category that most accurately describes your primary case. **Any case category that has an asterisk (\*) MUST have a dollar amount claimed or Tier selected as indicated above.**

**TORT MOTOR VEHICLE:**

- Non-Death/Personal Injury\*
- Property Damage\*
- Wrongful Death\*

- Malpractice – Other professional\*
- Premises Liability\*
- Slander/Libel/Defamation\*
- Recovery of Damages under A.R.S. §12-514  
(Please provide Plaintiff DOB: \_\_\_/\_\_\_/\_\_\_)
- Other (Specify) \_\_\_\_\_\*

**TORT NON-MOTOR VEHICLE:**

- Negligence\*
- Product Liability – Asbestos\*
- Product Liability – Tobacco\*
- Product Liability – Toxic/Other\*
- Intentional Tort\*
- Property Damage\*
- Legal Malpractice\*

**MEDICAL MALPRACTICE:**

- Physician M.D.\*  Hospital\*
- Physician D.O.\*  Other\*

**CONTRACTS:**

- Account (Open or Stated)\*
- Promissory Note\*
- Foreclosure\*
- Buyer-Plaintiff\*
- Fraud\*
- Other Contract (e.g., Breach of Contract)\*
- Excess Proceeds – Sale\*
- Construction Defects (Residential/Commercial)\*
  - Six to Nineteen Structures\*
  - Twenty or More Structures\*
- Credit Card Debt (Maricopa County Filings Only)\*

**OTHER CIVIL CASE TYPES:**

- Eminent Domain/Condemnation\*
- Eviction Actions (Forcible and Special Detainers)\*
- Change of Name
- Transcript of Judgment
- Foreign Judgment
- Quiet Title\*
- Forfeiture\*
- Election Challenge
- NCC – Employer Sanction Action (A.R.S. §23-212)\*
- Injunction against Workplace Harassment
- Injunction against Harassment
- Civil Penalty
- Water Rights (Not General Stream Adjudication)\*
- Real Property\*
- Special Action  
(See lower court appeal cover sheet in Maricopa)
- Immigration Enforcement Challenge (A.R.S. §§1-501, 1-502, 11-1051)
- Expungement

**UNCLASSIFIED CIVIL:**

- Administrative Review  
(See lower court appeal cover sheet in Maricopa)
- Tax Appeal  
(All other tax matters must be filed in the AZ Tax Court)
- Declaratory Judgment
- Habeas Corpus
- Landlord Tenant Dispute – Other\*
- Declaration of Factual Innocence (A.R.S. §12-771)
- Declaration of Factual Improper Party Status
- Vulnerable Adult (A.R.S. §46-451)\*
- Tribal Judgment
- Structured Settlement (A.R.S. §12-2901)
- Attorney Conservatorships (State Bar)
- Unauthorized Practice of Law (State Bar)
- Out-of-State Deposition for Foreign Jurisdiction
- Secure Attendance of Prisoner
- Assurance of Discontinuance
- In-State Deposition for Foreign Jurisdiction
- Eminent Domain – Light Rail Only\*
- Interpleader – Automobile Only\*
- Delayed Birth Certificate (A.R.S. §36-333.03)
- Employment Dispute – Discrimination\*
- Employment Dispute – Other\*
- Verified Rule 27(a) Petition\*
- Verified Rule 45.2 Petition
- Amendment of Birth Certificate
- Amendment of Marriage License (Maricopa County Filings Only)
- Application/Motion Objecting to Foreign Subpoena
- Other (Specify)\* \_\_\_\_\_

**EMERGENCY ORDER SOUGHT:**

- Temporary Restraining Order
- Provisional Remedy
- OSC
- Election Challenge
- Employer Sanction
- Other (Specify) \_\_\_\_\_

**COMMERCIAL COURT (Maricopa County Only)**

This case is eligible for the commercial court under Rule 8.1, and plaintiff requests assignment of this case to the commercial court. More information on the commercial court, including the most recent forms, are available on the court’s website at <https://www.superiorcourt.maricopa.gov/commercial-court/>.

Additional Plaintiff(s)

\_\_\_\_\_  
\_\_\_\_\_

Additional Defendant(s)

\_\_\_\_\_  
\_\_\_\_\_



Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of: \_\_\_\_\_  
CASE NUMBER: S1100CV2

**APPLICATION FOR CHANGE OF NAME FOR A  
FAMILY [351]**

\_\_\_\_\_  
(Names of Persons who request a change of name) HONORABLE: \_\_\_\_\_

**STATEMENTS TO THE COURT, UNDER OATH**

**1. INFORMATION ABOUT ME, THE APPLICANT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_

**2. INFORMATION ABOUT THE PERSON(S) FOR WHOM THIS NAME CHANGE IS REQUESTED**

Same as listed in Number 1 above. Requested Name: \_\_\_\_\_

**A. Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Requested Name: \_\_\_\_\_

**B. Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**County of Residence:** \_\_\_\_\_  
**Place of Birth:** \_\_\_\_\_  
**Relationship to Applicant:** \_\_\_\_\_  
**Requested Name:** \_\_\_\_\_

**C. Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**County of Residence:** \_\_\_\_\_  
**Place of Birth:** \_\_\_\_\_  
**Relationship to Applicant:** \_\_\_\_\_  
**Requested Name:** \_\_\_\_\_

**If you wish to include more people in this application, please attach another sheet of paper. List for each person their current name, address, date of birth, county of residence, place of birth, relationship to Applicant, and the new name they request.**

**3. REASON FOR THIS REQUEST FOR CHANGE OF NAME**

I request that the names be changed as listed above for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. STATEMENTS TO THE COURT REQUIRED BY ARIZONA LAW (A.R.S. §12-601(C))**

Check the boxes that indicate a true statement.

- a.  I submitted this application solely for the benefit and in the best interest of the persons for whom the name change is requested.
- b.  I understand and acknowledge that this change of name, if granted, will not release me or anyone for whom a change of name is requested on this application from any obligation incurred or harm any rights of property or action in any previous name.
- c.  I am not knowingly requesting this change of name to that of another individual for the purpose of committing or furthering any offense of theft, forgery, fraud, perjury, organized crime or terrorism or any other offense involving false statements.
- d.  Have you or any adult listed above ever been convicted of a felony?  Yes  No  
**If "yes", list all felony convictions on next page.**

**OATH AND VERIFICATION OF APPLICANT**

I, the Applicant, being duly sworn and under oath, state that I have read this Application. All the statements in the Application are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature**

**State of Arizona** )  
 )  
**County of** \_\_\_\_\_ )  
(Arizona County)

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_  
(Day) (Month) (Year)

by \_\_\_\_\_  
(Name of Signer)

\_\_\_\_\_  
Seal (Affix notary seal here)

\_\_\_\_\_  
Notary Public (Notary's Signature)

Name of Person Filing: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
 If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**NOTICE OF HEARING REGARDING  
 APPLICATION FOR CHANGE OF NAME**

\_\_\_\_\_  
 Name(s) of person(s) requesting name change

HONORABLE: \_\_\_\_\_

**READ THIS NOTICE CAREFULLY.** An important court proceeding that affects your rights has been scheduled. If you do **not** understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Applicant has filed with the Court an Application for Change of Name. At the hearing, the Court will consider whether to grant or deny the requested name change. If you wish to be heard on this issue, you must appear at the scheduled hearing.
2. **COURT HEARING.** A court hearing has been scheduled to consider the Application as outlined below:

DATED: \_\_\_\_\_ (Month/Day/Year) \_\_\_\_\_ (Applicant's Signature)

**THE COURT COMPLETES THE FOLLOWING SECTION**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: Pinal County Justice Complex - 971 N Jason Lopez Circle, Bldg A – Florence AZ 85132

BEFORE THE HONORABLE: \_\_\_\_\_

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**CONSENT OF SPOUSE TO  
NAME CHANGE OF AN ADULT AND  
WAIVER OF NOTICE**

\_\_\_\_\_  
Name of Applicant

HONORABLE: \_\_\_\_\_

**REQUIRED INFORMATION FROM SPOUSE, UNDER OATH:**

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I am the spouse of the applicant.

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

\_\_\_\_\_  
**(First) (Middle) (Last)**

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



Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**CONSENT OF PARENT TO NAME CHANGE OF  
A MINOR CHILD AND WAIVER OF NOTICE**

\_\_\_\_\_  
A Minor

HONORABLE: \_\_\_\_\_

**REQUIRED INFORMATION FROM PARENT, UNDER OATH:**

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

I am the natural  MOTHER or  FATHER of the minor child named above.

I am the adoptive  MOTHER or  FATHER of the minor child named above.

**2. I have read the Application for Name Change and consent to changing the child's name to:**

\_\_\_\_\_

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





Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**CONSENT OF PARENT TO NAME CHANGE OF  
OTHER PARENT AND WAIVER OF NOTICE**

\_\_\_\_\_  
A Minor

HONORABLE: \_\_\_\_\_

**REQUIRED INFORMATION FROM PARENT, UNDER OATH:**

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The applicant and I have at least one child in common.

**2. I have read the Application for Name Change and consent to the other parent changing their name to:**

\_\_\_\_\_

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

## OATH OF THE PARENT

I have read, understood, and completed the above statements. Everything I have said is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

**State of Arizona**                     )  
                                                  )  
**County of** \_\_\_\_\_ )  
                                          )  
                                  (Arizona County)

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_\_

(Day)

(Month)

(Year)

by \_\_\_\_\_

(Name of Signer)

\_\_\_\_\_

Seal

(Affix notary seal here)

\_\_\_\_\_

Notary Public

(Notary's Signature)

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**CONSENT OF MINOR TO NAME CHANGE  
(Only if Minor is 14 or Older)**

\_\_\_\_\_  
A Minor

HONORABLE: \_\_\_\_\_

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

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

I am at least 14 years of age.

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

\_\_\_\_\_

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

### OATH OF THE MINOR

I have read, understood, and completed the above statements. Everything I have said is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature**

**State of Arizona** )  
 )  
**County of** \_\_\_\_\_ )  
(Arizona County)

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_  
(Day) (Month) (Year)

by \_\_\_\_\_  
(Name of Signer)

\_\_\_\_\_  
Seal (Affix notary seal here)

\_\_\_\_\_  
Notary Public (Notary's Signature)

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 Representing Self (No Attorney) or  Represented by Attorney  
If Attorney, Bar Number: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**AFFIDAVIT OF SERVICE BY  
CERTIFIED MAIL**

\_\_\_\_\_  
Name of Applicant

HONORABLE: \_\_\_\_\_

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 "**Application for Change of Name**" and the "**Notice of Hearing Regarding Application for Change of Name**" 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.

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

State of Arizona )

County of \_\_\_\_\_ )

(Arizona County)

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_  
(Day) (Month) (Year)

by \_\_\_\_\_  
(Name of Signer)

\_\_\_\_\_  
Seal (Affix notary seal here)

\_\_\_\_\_  
Notary Public (Notary's Signature)

**SUPERIOR COURT OF ARIZONA  
PINAL COUNTY**

In the Matter of:

CASE NUMBER: S1100CV2

**ORDER CHANGING NAME FOR FAMILY**

\_\_\_\_\_  
Name of person(s) who request a change of name

HONORABLE: \_\_\_\_\_

**THE COURT FINDS:**

1. This case has come before this Court to Change the Names of the persons listed below.
2. This Court has jurisdiction to change the names of the persons listed below.
3. Good cause exists to grant this application.
4. It is in the best interest of the minor child(ren).

**IT IS HEREBY ORDERED:**

1. The name on the birth Certificate or  Current Legal Name:

\_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Place of Birth: \_\_\_\_\_  
(City) (State) (Nation)

**IS CHANGED TO:**

\_\_\_\_\_  
(First) (Middle) (Last)

---

The name on the birth Certificate or  Current Legal Name:

\_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Place of Birth: \_\_\_\_\_  
(City) (State) (Nation)

**IS CHANGED TO:**

\_\_\_\_\_  
(First) (Middle) (Last)

---

**The name on the birth Certificate or  Current Legal Name:**

\_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Place of Birth: \_\_\_\_\_  
(City) (State) (Nation)

**IS CHANGED TO:**

\_\_\_\_\_  
(First) (Middle) (Last)

---

**The name on the birth Certificate or  Current Legal Name:**

\_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Place of Birth: \_\_\_\_\_  
(City) (State) (Nation)

**IS CHANGED TO:**

\_\_\_\_\_  
(First) (Middle) (Last)

---

**The name on the birth Certificate or  Current Legal Name:**

\_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

Place of Birth: \_\_\_\_\_  
(City) (State) (Nation)

**IS CHANGED TO:**

\_\_\_\_\_

(First) (Middle) (Last)

- 2.  For the person born in the State of Arizona, the Office of Vital Records is ordered to amend the birth record to reflect the new name as ordered above. Note that except for correction of error, a woman's maiden name as *recorded on the birth record*, is unaffected by an order for Change of Name (*or by marriage*)
- For the person born in a state other than Arizona, to the extent that the agency that maintains birth records in that state is authorized to honor an order of this Court, that agency is requested or ordered to amend its birth record to reflect the new name(s) as ordered above.
- 3. This Order **DOES NOT** establish paternity or add the name of a father to a birth certificate.
- 4. This Order **DOES NOT** release the persons named above from any obligations incurred or harm any rights of property or action in any original name.
- 5. Other Orders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*MAY NOT** be used to establish paternity or to add the name of a father to a birth certificate.

**DONE IN OPEN COURT** this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Superior Court Judge/Special Commissioner