

Person Filing Document: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime/Evening Phone Number: _____
ATLAS Number (if applicable) _____
Attorney Bar Number (if applicable) _____
Represented by Self (No Attorney) OR _____ by Attorney

SUPERIOR COURT OF ARIZONA IN MOHAVE 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

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.

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.

OATH OR AFFIRMATION

STATE OF ARIZONA)
COUNTY OF MOHAVE) ss.

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

Signature: _____ Date: _____

Sworn to or affirmed before me on this _____ day of _____, 20 _____

By: _____

My Commission Expires: _____

Notary Public or Deputy Clerk