

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Daytime/Evening Phone Number: _____
ATLAS Number (if applicable) _____
Attorney Bar Number (if applicable) _____
Represented by Self or by Attorney _____

FOR CLERK USE ONLY

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of _____

Case Number: _____

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

_____ a Minor

REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Month

Date

Year

Place of Birth: _____

City

State

Nation

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 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