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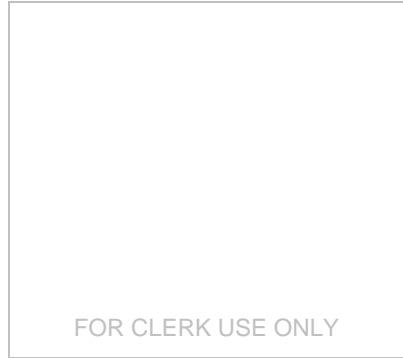
Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Represented by Self (No Attorney), or by Attorney

If Attorney, State Bar Number: _____



FOR CLERK USE ONLY

SUPERIOR COURT OF ARIZONA IN _____ COUNTY

In the Matter of:

Case Number: _____

**APPLICATION FOR CHANGE OF
NAME FOR A MINOR CHILD
(ARS 12-601)**

A Minor

STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT ME, THE APPLICANT (Adult)

	First	Middle	Last
Address	_____		
Date of Birth	_____		
	Month	Day	Year
County of Residence	_____		
Place of Birth	_____		
	City	State	Nation

2. INFORMATION ABOUT THE MINOR FOR WHOM THIS NAME CHANGE IS REQUESTED:

Name on Birth Certificate

	First	Middle	Last
Address:	_____		
Date of Birth:	_____		
	Month	Day	Year
County of Residence:	_____		
Relationship to Applicant:	_____		
Place of Birth:	_____		

3. I ASK THAT THE LEGAL NAME BE CHANGED TO:

First	Middle	Last
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4. I ASK THAT THE BIRTH RECORDS BE MODIFIED TO REFLECT THE NAME LISTED ABOVE.

5. I REQUEST THAT THE LEGAL NAME BE CHANGED FOR THE FOLLOWING REASON:

ADDITIONAL STATEMENTS

I understand that this name change does not establish paternity and will not cause a father's name to be added to a birth certificate.

This application is made solely for the best interest of the minor child named above. It will not release the person from any obligations incurred or harm any rights of property or action in any original name.

OATH OR AFFIRMATION OF APPLICANT

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

Signature

Date

Acknowledged before me this date: _____

Seal/My Commission expires

Notary Public or Deputy Clerk