

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone Numbers: _____
Email Address: _____
Representing Self or Attorney for _____
Lawyer's Bar Number: _____

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
IN _____ COUNTY**

In the Matter of:

Case Number: _____

**CONSENT OF MINOR TO NAME
CHANGE**

A Minor (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 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.

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.

UNDER OATH OR BY 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)

Deputy Clerk or Notary Public