

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Day/Evening Phone: _____ / _____
Person Filing is: SELF (No Attorney) OR Attorney
If Attorney, Bar No.: _____ Atty. Phone: _____

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA
IN _____ COUNTY**

In the Matter of

Case Number: _____

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

(Person Requesting Name Change)

REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____
Month Day Year

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

2. I have read the Application for Name Change and consent to changing the other parent's legal name to new name of:

First Middle Last

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

OATH OR AFFIRMATION OF CONSENTING "OTHER PARENT"

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 this date:

My Commission expires

Notary Public or Deputy Clerk