F10

# NAME CHANGE

## for a

# FAMILY

# 1

## To Request a Name Change

Completing and Filing
the Court Papers

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CVNCF1 – **5298** - 091115

**Self-Service Center**

# NAME CHANGE FOR A FAMILY

## CHECKLIST

***You may use this packet if . . .***

- ✓ **You are a resident of the county in which you are filing this request.**
- ✓ **You want to ask the Court to change the name of your family (yourself and/or your spouse and and/or minor children), AND**
- ✓ **You are either the husband/father or wife/mother of that family.**
- ✓ **You are prepared, under penalty of perjury, to inform the Court whether any adult included on this application *has ever been convicted of a felony*, and *whether there are any pending charges for a felony or other offense* involving false statements or misrepresentation of identity, AND**
- ✓ **You understand a change of name will *neither* harm the rights of anyone included on this application *nor* release anyone included on this application from any obligations or liabilities incurred under a current or previous name.**
- ✓ **You are not changing your name or that of any other person included on this application to that of another person for the purpose of committing any crime or furthering any offense involving fraud or misrepresentation of identity.**

**DO NOT USE THESE FORMS TO:**

- ✖ **ADD A FATHER'S NAME TO BIRTH CERTIFICATES OR TO ESTABLISH PATERNITY, OR**
- ✖ **CHANGE YOUR NAME BECAUSE YOU GOT MARRIED**

**NOTE:** You do not need to request a name change through the Court if you get married and want to use your spouse's last name. For information about name changes that can be obtained without going to court, such as to change a child's name within one year of birth, or to add a child's name to his or her birth record within five years of birth, visit the web site of the Arizona Office of Vital Records.

The State Vital Records Office at 1818 W. Adams, Phoenix, AZ 85007, is only available for mail-in service. Vital Records general telephone number is 602-364-1300. Please call for another walk-in location. A fee is required for a change to any birth certificate.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

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## SELF-SERVICE CENTER

# PROCEDURES: HOW TO FILE FOR A CHANGE OF NAME WITH THIS COURT

**STEP 1:** Fill out the ***"Application for Change of Name for a Family"*** **and make 2 copies.**

**STEP 2:** Fill out the ***"Civil Cover Sheet"*** and check box **152** for "Change of Name" on page 2.

**STEP 3:** **FILE THE PAPERS AT THE COURT:**

**WHO:** **Who must file the *"Application for Change of Name for a Family*?**
An adult parent or guardian who seeks the change, or his or her attorney.

**GO TO:** **GO TO THE CLERK OF COURT TO FILE YOUR PAPERS:** The Court is open from 8:00 a.m.-5:00 p.m., Monday-Friday. **You should go to the Court at least two hours before it closes**. You may file your court papers at the following Superior Court locations:

GRAHAM COUNTY SUPERIOR COURT
800 WEST MAIN STREET
SAFFORD, ARIZONA 85546

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**FEES:** A list of current fees is available from the Self Service Center and from the Clerk of Court's website.

If you cannot afford the filing fee and/or the fee for having the papers served by the Sheriff or by publication, you may request a deferral (payment plan) when you file your papers with the Clerk of the Court. Deferral Applications are available at no charge from the Self-Service Center.

**PAPERS:** Give **1** Civil Cover Sheet and **1** original plus **2** copies of the application to the Clerk along with the filing fee.

**Make sure the filing clerk stamps both of your copies and returns them to you.**

**STEP 4:** **SCHEDULE YOUR HEARING WITH COURT ADMINISTRATION:**

At least **<u>four</u>** business days after you filed your Application for Change of Name, contact Court Administration to obtain the Commissioner's Name and the date, time and place of your hearing by calling the telephone number listed below *between the hours of 9:00 a.m.-12:00 noon or 1:00 -4:00 p.m., Monday through Friday*:

**If you filed the Application for Name Change at:**

GRAHAM COUNTY SUPERIOR COURT
800 WEST MAIN STREET
SAFFORD, ARIZONA 85546

**call 928-428-3100**

You **must** then complete the ***"Notice of Hearing Regarding Application for Change of Name"*** form with the information received from Court Administration. The completed ***"Notice of Hearing Regarding Application for Change of Name"*** form must be filed with the Clerk of the Court at one of the Clerk locations listed in Step 3.

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## STEP 5: NOTIFY ANY INTERESTED PARTY

- If your spouse is not included in the requested name change, he/she must be notified about your request for name change and the scheduled hearing.
- If a parent of one or more of the minor children is not included in the requested name change, he/she must be notified about your request for name change and the scheduled hearing.
- Every minor child included in the requested name change that is 14 years or older, must sign a ***"Consent of Minor to Name Change"*** and have it notarized, or attend the hearing. One copy is included in this packet. If there is more than one minor 14 years or older, MAKE A COPY for each *before* filling out the form.

**HOW TO NOTIFY: If you know where the person(s) lives, you can do one of the following:**

1. **IF THE PERSON AGREES WITH YOUR REQUEST** - Give him/her a stamped copy of your application and the ***"Notice of Hearing Regarding Application for Change of Name"*** that shows the date, time, and place of your hearing. Then, have the person complete either the ***"Consent of Parent to Name Change of a Minor Child and Waiver of Notice"*** or ***"Consent of Spouse to Name Change of an Adult and Waiver of Notice"*** and have it notarized. That document serves as your proof of notice. Bring the applicable signed and notarized consent form to the hearing. (If the request for name change is for a minor, and the minor's parent is not included in that request, have the other parent complete the form entitled, ***"Consent of Parent to Name Change of a Minor Child and Waiver of Notice."*** That document serves as your proof of notice. Bring the signed and notarized ***"Consent of Parent to Name Change of a Minor Child and Waiver of Notice"*** to the hearing.)

2. **IF THE PERSON DOES NOT AGREE WITH YOUR REQUEST OR YOU ARE NOT SURE IF HE/SHE AGREES** - Give the person(s) a stamped copy of your application and the ***"Notice of Hearing Regarding Application for Change of Name"*** that shows the date, time, and place of your hearing. Then, have the person sign an ***"Acceptance of Service"*** (That form is available through the Self-Service Center), and have it notarized. That notarized form serves as the proof of notice. Bring the signed and notarized ***"Acceptance of Service"*** to the hearing.

   **OR**

3. Send a clerk-stamped copy of your application and the ***"Notice of Hearing Regarding Application for Change of Name"*** showing the date, time, and place of hearing by <u>certified mail/restricted delivery</u> (return receipt requested). This must be done at least 30 days before the hearing. Proof of notice for this step is the card returned to you from the Post Office showing delivery. Bring the card and a completed ***"Affidavit of Service by Certified Mail"*** to the hearing. The person who should receive notice of the hearing must sign the return receipt.

4. **IF YOU DO NOT KNOW WHERE YOUR SPOUSE and/or THE OTHER PARENT LIVES: NOTICE BY PUBLICATION**

   ***IF LAST KNOWN ADDRESS IN GRAHAM COUNTY OR ANOTHER STATE OTHER THAN ARIZONA:*** A Notice of Hearing (a legal notice classified advertisement) that shows the date, time, and place of your hearing must be published in a newspaper of general circulation in Graham County at least once a week for four (**4**) consecutive weeks before the hearing.

   ***IF LAST KNOWN ADDRESS IN AN ARIZONA COUNTY OTHER THAN GRAHAM COUNTY:*** A Notice of Hearing (a legal notice classified advertisement) that shows the date, time, and place of your hearing must be published in a newspaper of general circulation in Graham County **and** the Arizona county of last known address at least once a week for four (**4**) consecutive weeks before the hearing.

   AFTER publication has been completed, you must obtain and file an ***"Affidavit of Publication"*** from the newspaper indicating publication was completed.

## STEP 6: ATTEND THE HEARING

**WHO:** All adults who are requesting a name change MUST be present at the hearing. If the request includes a minor child who is 14 years or older, that child must either be present at the hearing or you may provide a notarized ***"Consent of Minor to Name Change"*** from the child consenting to the name change.

Do not copy or finish this page

**BRING:** **These documents are required for your hearing:**

- 2 copies of ***"Order Changing Name For: A Minor Child, An Adult, or An Entire Family"*** (To receive a certified copy of your Order, bring Debit/Credit of cash to the Clerk of Court)
- Photo identification
- A Clerk stamped copy of all filed documents
- Proof of Notice as described above in Step 5.
- Divorce Decree (If applicable)
- Prior Name Change orders (If applicable)
- Proof of naturalization or resident alien status (If applicable)
- Copy of Orders of Protection and/or Injunctions Against Harassment still in effect
- Order terminating parental rights of the other parent (If applicable)
- Adoption decree (If applicable)
- Death certificate of minor child's parent (If applicable)
- If the persons requesting the change of name, or the child, are not United States citizens, a passport or proof of immigration status must also be provided at time of hearing, **AND**
- **A copy** (preferably a "Certified" copy) **of the child(ren)'s official, government issued birth certificate.** ***A HOSPITAL BIRTH CERTIFICATE will <u>not</u> meet Court requirements.***

not a copy
this page

**All adults seeking a name change should bring with them their passport, driver's license, or other government-issued photo identification.**

- **Adults *seeking to change their birth records* MUST also bring a copy of their government-issued <u>birth certificate</u>.**
- **The Court will not change a birth certificate without first seeing a copy. Hospital-issued birth certificates are largely ceremonial and generally will not satisfy Court requirements.**
- **The Court is looking for government-issued birth certificates.**

**For adults *<u>not</u>* seeking to change their birth records, it is still *strongly* recommended that they bring their government-issued birth certificate to avoid possible delay.**

**NOTE: If the Court has ordered that the name on your Arizona birth records be changed, you will need to provide the "Office of Vital Records" with a *<u>Certified Copy</u>* of the Order. You may purchase a new birth certificate at the Office of Vital Records for a fee. ***

***To get a certified copy of your court order*** you will need to present your Judge-signed copy to the Filing Counter within 48 hours. If you need additional copies after that time, you will need to go to the Court's Customer Service Center at 601 W. Jackson Street in Phoenix.

The State Vital Records Office at 1818 W. Adams, Phoenix, AZ. 85007, is only available for mail-in service. Vital Records general telephone number is 602-364-1300. Please call for another walk-in location. A fee is required for a change to any birth certificate.

**Always make a copy of any documents you submit to the Court, and keep a copy for your records.**

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**In the Superior Court of the State of Arizona**
**In and For the County of** _____

Case Number _____

**CIVIL COVER SHEET- NEW FILING ONLY**
(Please Type or Print)

Plaintiff's Attorney _____

Attorney Bar Number _____

**Is Interpreter Needed?** ☐ **Yes** ☐ **No**
**If yes, what language:**

_____

To the best of my knowledge, all information is true and correct.

_____
**Attorney/Pro Per Signature**
(If no attorney, YOUR signature)

Plaintiff's Name(s): (List all)

_____
_____
_____

Plaintiff's Address:

_____
_____
_____

(List additional plaintiffs on page two and/or attach a separate sheet).

Defendant's Name(s): (List All)

_____
_____

(List additional defendants on page two and/or attach a separate sheet)

EMERGENCY ORDER SOUGHT: ☐ Temporary Restraining Order ☐ Provisional Remedy ☐ OSC

☐ Election Challenge ☐ Employer Sanction ☐ Other _____
(Specify)

☐ RULE 8(i) COMPLEX LITIGATION APPLIES. Rule 8(i) of the Rules of Civil Procedure defines a "Complex Case" as civil actions that require continuous judicial management. A typical case involves a large number of witnesses, a substantial amount of documentary evidence, and a large number of separately represented parties.

(Mark appropriate box on page two as to complexity, **in addition** to the Nature of Action case category.)

☐ THIS CASE IS ELIGIBLE FOR THE COMMERCIAL COURT UNDER RULE 8.1. Rule 8.1 defines a commercial case and establishes eligibility criteria for the commercial court. Generally, a commercial case primarily involves issues arising from a business contract or business transaction. However, consumer transactions are not eligible. A consumer transaction is one that is primarily for personal, family or household purposes. **Please review Rule 8.1 for a complete list of the criteria**. See http://www.superiorcourt.maricopa.gov/commercial-court/. You must check this box if this is an eligible commercial case. **In addition, mark the appropriate box below in the "Nature of Action" case category**. The words "commercial court assignment requested" must appear in the caption of the original complaint.

## NATURE OF ACTION

(Place an **"X"** next to the **one** case category that most accurately describes your primary case.)

### 100 TORT MOTOR VEHICLE:

☐101 Non-Death/Personal Injury
☐102 Property Damage
☐103 Wrongful Death

### 110 TORT NON-MOTOR VEHICLE:

☐111 Negligence
☐112 Product Liability – Asbestos
☐112 Product Liability – Tobacco
☐112 Product Liability – Toxic/Other
☐113 Intentional Tort
☐114 Property Damage
☐115 Legal Malpractice
☐115 Malpractice – Other professional
☐117 Premises Liability
☐118 Slander/Libel/Defamation
☐116 Other (Specify) _____

### 120 MEDICAL MALPRACTICE:

☐121 Physician M.D. ☐123 Hospital
☐122 Physician D.O ☐124 Other

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## 130 CONTRACTS:

☐131 Account (Open or Stated)
☐132 Promissory Note
☐133 Foreclosure
☐138 Buyer-Plaintiff
☐139 Fraud
☐134 Other Contract (i.e. Breach of Contract)
☐135 Excess Proceeds-Sale
☐Construction Defects (Residential/Commercial)
  ☐136 Six to Nineteen Structures
  ☐137 Twenty or More Structures

## 150-199 OTHER CIVIL CASE TYPES:

☐156 Eminent Domain/Condemnation
☐151 Eviction Actions (Forcible and Special Detainers)
☐152 Change of Name
☐153 Transcript of Judgment
☐154 Foreign Judgment
☐158 Quiet Title
☐160 Forfeiture
☐175 Election Challenge
☐179 NCC-Employer Sanction Action
  (A.R.S. §23-212)
☐180 Injunction against Workplace Harassment
☐181 Injunction against Harassment
☐182 Civil Penalty
☐186 Water Rights (Not General Stream Adjudication)
☐187 Real Property
☐ Sexually Violent Person (A.R.S. §36-3704)
  (Except Maricopa County)
☐ Special Action against Lower Courts
  (See lower court appeal cover sheet in Maricopa)
☐194 Immigration Enforcement Challenge
  (§§1-501, 1-502, 11-1051)

## 150-199 UNCLASSIFIED CIVIL:

☐ Administrative Review
  (See lower court appeal cover sheet in Maricopa)
☐150 Tax Appeal
  (All other tax matters must be filed in the AZ Tax Court)
☐155 Declaratory Judgment
☐157 Habeas Corpus
☐184 Landlord Tenant Dispute- Other
☐190 Declaration of Factual Innocence
  (A.R.S. §12-771)
☐191 Declaration of Factual Improper Party Status
☐193 Vulnerable Adult (A.R.S. §46-451)
☐165 Tribal Judgment
☐167 Structured Settlement (A.R.S. §12-2901)
☐169 Attorney Conservatorships (State Bar)
☐170 Unauthorized Practice of Law (State Bar)
☐171 Out-of-State Deposition for Foreign Jurisdiction
☐172 Secure Attendance of Prisoner
☐173 Assurance of Discontinuance
☐174 In-State Deposition for Foreign Jurisdiction
☐176 Eminent Domain– Light Rail Only
☐177 Interpleader– Automobile Only
☐178 Delayed Birth Certificate (A.R.S. §36-333.03)
☐183 Employment Dispute- Discrimination
☐185 Employment Dispute-Other
☐195(a) Amendment of Marriage License
☐195(b) Amendment of Birth Certificate
☐163 Other _____
  (Specify)

## COMPLEXITY OF THE CASE

If you marked the box on page one indicating that Complex Litigation applies, place an “X” in the box of no less than one of the following:

☐Antitrust/Trade Regulation
☐Construction Defect with many parties or structures
☐Mass Tort
☐Securities Litigation with many parties
☐Environmental Toxic Tort with many parties
☐Class Action Claims
☐Insurance Coverage Claims arising from the above-listed case types
☐A Complex Case as defined by Rule 8(i) ARCP

**Additional Plaintiff(s)**

_____

_____

**Additional Defendant(s)**

_____

_____

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**Person Filing:**_____
**Address (if not protected):**_____
**City, State, Zip Code:**_____
**Telephone:**_____
**Email Address:**_____
**Lawyer's Bar Number:**_____

**Representing** ☐ **Self, without a Lawyer** **or** ☐ **Attorney for** ☐ **Petitioner** **OR** ☐ **Respondent**

# SUPERIOR COURT OF ARIZONA
# IN GRAHAM COUNTY

**Case Number**: _____

**In the Matter of:**

_____
Applicant

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

## STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

### 1. INFORMATION ABOUT PERSON(S) FOR WHOM NAME CHANGE IS REQUESTED

**A.** Name on Birth Certificate (Applicant) or ☐ Current Legal Name:

| | | |
|---|---|---|
| | | |
| (First) | (Middle) | (Last) |

(Applicant's Address is Listed above) County of Residence: _____

Date of Birth: _____ (Month / Day / Year) Place of Birth: _____ (City, State, Nation)

REQUESTS NAME BE CHANGED TO:

| | | |
|---|---|---|
| | | |
| (First) | (Middle) | (Last) |

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**B.** Name on Birth Certificate or ☐ Current Legal Name:

| | | |
|---|---|---|
| | | |
| (First) | (Middle) | (Last) |

☐ Address Same as Applicant, or: _____

Relation to Applicant: _____ County of Residence: _____

Date of Birth: _____ Place of Birth: _____
(Month / Day / Year) (City, State, Nation)

REQUESTS NAME BE CHANGED TO:

| | | |
|---|---|---|
| | | |
| (First) | (Middle) | (Last) |

**C.** Name on Birth Certificate or ☐ Current Legal Name:

| | | |
|---|---|---|
| | | |
| (First) | (Middle) | (Last) |

☐ Address Same as Applicant, or: _____

Relation to Applicant: _____ County of Residence: _____

Date of Birth: _____ Place of Birth: _____
(Month / Day / Year) (City, State, Nation)

REQUESTS NAME BE CHANGED TO:

| | | |
|---|---|---|
| | | |
| (First) | (Middle) | (Last) |

**If you wish to include more people in this application, please attach another sheet of paper. List for each person their current name as on birth certificate, address, date of birth, county of residence, place of birth, relationship to Applicant, and the new name requested.**

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## 2. REASON FOR THIS REQUEST FOR CHANGE OF LEGAL NAME

I request that the legal names be changed as listed above for the following reasons:

_____

_____

_____

## 3. STATEMENTS TO THE COURT REQUIRED BY ARIZONA LAW (A.R.S. § 12-601(C))

(Check the boxes that indicate a true statement.)

**a.** ☐ **I submit this application solely for the benefit and in the best interests of the persons for whom the name change is requested.**

**b.** ☐ **I understand and acknowledge that this change of name, if granted, will not release me or anyone for whom a change of name is requested on this Application from any obligations incurred or harm any rights of property or action in any previous name.**

**c.** ☐ **I am not knowingly requesting this change of name to that of another individual for the purpose of committing or furthering any offense of theft, forgery, fraud, perjury, organized crime or terrorism or any other offense involving false statements.**

**d.** **Have you or any adult listed above ever been convicted of a felony?** ☐ **Yes** ☐ **No**
**If "Yes" to "d", all felony convictions are listed below.**

| | Name of Person Convicted | Case No. | County & State | Sentence | Date of Conviction |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| ☐ **Additional convictions are listed on attached page in the same format as above.** | | | | | |

**Is there anything regarding your felony conviction(s) that you would like to bring to the Court's attention?** (Optional) _____

_____

_____

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**e.** **Are there any criminal charges** (felony or misdemeanor) ***pending against you or anyone listed on this Application for Name Change at this time?***

☐ **Yes** ☐ **No** **List all pending charges below**

| | Name of Person with Pending Charges | Name of Court or City & State | Case No. |
|---|---|---|---|
| **1** | | | |
| **2** | | | |
| **3** | | | |
| **4** | | | |
| **5** | | | |
| **6** | | | |

**Is there anything regarding your pending criminal charges that you would like to bring to the Court's attention?** (Optional) _____

_____

_____

## 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

_____ Petitioner's Signature

_____ Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

_____ Deputy Clerk or Notary Public

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***OJO: Todos los formularios deberán completarse en inglés. De lo contrario, no se le permitirá presentar sus documentos en la Secretaría del Tribunal.***

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*(Para uso de la Secretaria solamente)*

**Person Filing:** _____
*(Nombre de persona:)*
**Address (if not protected):**_____
*(Mi domicilio) (si no protegida:)*
**City, State, Zip Code:**_____
*(ciudad, estado, código postal:)*
**Telephone:** */ (Número de Tel. :)*_____
**Email Address:**_____
*(Dirección de correo electrónico:)*
**Lawyer's Bar Number:** */ (Número de colegio abogado:)*_____

**Representing** ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**
*(Representando Sí mismo, sin un abogado o Abogado para Peticionante O Demandado)*

# SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

*(TRIBUNAL SUPERIOR DE ARIZONA EN EL CONDADO DE GRAHAM)*

**In the Matter of**:
*(Asunto)*

**Case Number:** _____
*(Número de caso)*

_____
**Name(s) of person(s) who request(s) name change**
*(Nombre(s) de la(s) persona(s) que pide(n) cambio de nombre)*

## NOTICE OF HEARING REGARDING APPLICATION FOR CHANGE OF NAME

*(AVISO DE AUDIENCIA SOBRE UN SOLICITUD DE CAMBIO DE NOMBRE)*

**READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.**
*(LEA CON CUIDADO ESTE AVISO. Se ha convenido una audiencia judicial importante que afecta sus derechos. Si usted no comprende este aviso u otro de los documentos judiciales, pida consejo legal a un abogado.)*

**1. NOTICE IS GIVEN that the Applicant has filed with the Court an Application for Change of Name. At the hearing, the Court will consider whether to grant or deny the requested name change. If you wish to be heard on this issue, you must appear at the scheduled hearing.**

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**Case Number:** _____
*(Número de caso)*

*(SE LE NOTIFICA que el demandante ha presentado ante el tribunal un solicitud por cambio de nombre. El tribunal considerará en la audiencia si debe o no acceder a esa solicitud. Si usted desea ser oída/o en este asunto, debe comparecer en la audiencia.)*

**2. COURT HEARING. A court hearing has been scheduled to consider the Application as follows:**
*(AUDIENCIA JUDICIAL. Se llama a audiencia judicial sobre la solicitud en el lugar y fecha indicados a continuación:)*

**DATE:**_____ **TIME:** _____
*(FECHA)* *(HORA )*

**BEFORE:**
*(ANTE)*

☐ Judge _____
800 W. Main St.
Safford, AZ 85546

**DATED:**_____ _____
*(Fechado)* **(Month/Day/Year)** *(mes / día / año)*

**Applicant's Signature**
*(Firma del demandante)*

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**Person Filing:** _____
**Address (if not protected):**_____
**City, State, Zip Code:**_____
**Telephone:**_____
**Email Address:**_____
**Lawyer's Bar Number:**_____

**Representing** ☐ **Self, without a Lawyer** **or** ☐ **Attorney for** ☐ **Petitioner** **OR** ☐ **Respondent**

# SUPERIOR COURT OF ARIZONA
# IN GRAHAM 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 |

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**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

_____ (Non-Petitioning) Parent's Signature

_____ Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

_____ Deputy Clerk or Notary Public

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**Person Filing:** _____
**Address (if not protected):**_____
**City, State, Zip Code:**_____
**Telephone:**_____
**Email Address:**_____
**Lawyer's Bar Number:**_____

For Clerk's Use Only

**Representing** ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

# SUPERIOR COURT OF ARIZONA
# IN GRAHAM COUNTY

**In the Matter of:**

_____
(Person Requesting Name Change)

**Case Number:** _____

## CONSENT OF SPOUSE TO NAME CHANGE OF OTHER SPOUSE AND WAIVER OF NOTICE

## REQUIRED INFORMATION, UNDER OATH OR AFFIRMATION:

**1. INFORMATION ABOUT ME** (the spouse of the applicant)**:**

Name:_____
Address:_____
Telephone:_____
Date of Birth: _____
Month Date Year

☐ I am married to the Applicant (the person requesting the name change).

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

| | | |
|---|---|---|
| | | |
| 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 Spouse's Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal) _____
Deputy Clerk or Notary Public

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**Person Filing:** _____
**Address (if not protected):**_____
**City, State, Zip Code:**_____
**Telephone:**_____
**Email Address:**_____
**Lawyer's Bar Number:**_____

**Representing** ☐ **Self, without a Lawyer** **or** ☐ **Attorney for** ☐ **Petitioner** **OR** ☐ **Respondent**

# SUPERIOR COURT OF ARIZONA
# IN GRAHAM 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

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Case No._____

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.

## 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 (Non-Petitioning) Parent's Signature

_____
Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal) _____
Deputy Clerk or Notary Public

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**Person Filing:** _____
**Address (if not protected):**_____
**City, State, Zip Code:**_____
**Telephone:**_____
**Email Address:**_____
**Lawyer's Bar Number:**_____

**Representing** ☐ **Self, without a Lawyer** **or** ☐ **Attorney for** ☐ **Petitioner** **OR** ☐ **Respondent**

# SUPERIOR COURT OF ARIZONA
# IN GRAHAM 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

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Case No._____

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.

## 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 (Non-Petitioning) Parent's Signature

_____
Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal) _____
Deputy Clerk or Notary Public

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**Person Filing:** _____
**Address (if not protected):**_____
**City, State, Zip Code:**_____
**Telephone:**_____
**Email Address:**_____
**Lawyer's Bar Number:**_____

**Representing** ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

# SUPERIOR COURT OF ARIZONA IN GRAHAM 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 / Day / Year): _____
**Month** **Date** **Year**

Place of Birth (City, State, Nation): _____
**City** **State** **Nation**

☐ I am the minor who is the subject of this name change request.

☐ I am at least 14 years of age.

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Case Number: _____

**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 older)

_____
Printed Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal) _____
Deputy Clerk or Notary Public

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**Person Filing:** _____
**Address (if not protected):**_____
**City, State, Zip Code:**_____
**Telephone:**_____
**Email Address:**_____
**Lawyer's Bar Number:**_____

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**Representing** ☐ **Self, without a Lawyer or** ☐ **Attorney for** ☐ **Petitioner OR** ☐ **Respondent**

# SUPERIOR COURT OF ARIZONA IN GRAHAM COUNTY

_____
Name of Applicant

**Case Number:**_____

## AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

1. I am familiar with the facts stated in this Affidavit, and I make this Affidavit to show that I have served copies of the **"Application for Change of Name"** and the **"Notice of Hearing Regarding Application for Change of Name"** on the person named below by certified mail/restricted delivery, return receipt requested.

   Person served (name of other party):_____

   Address where other party was served:_____

   Date of receipt by the other party:_____

2. The Application and Notice listed above were received by the other party as shown by the receipt, the original of which is attached to this Affidavit on a separate piece of paper.

## 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

_____
Petitioner's Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ by
(date)

_____.

(notary seal)

_____
Deputy Clerk or Notary Public

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**AFM**



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For Clerk's Use Only

# SUPERIOR COURT OF ARIZONA
# IN GRAHAM COUNTY

In the Matter of:

**Case Number:** _____

_____
Applicant (Name of Person Filing Request)

## ORDER CHANGING NAME FOR A FAMILY

## THE COURT FINDS:

**1.** This case has come before this Court to change the legal names of the persons listed below.
**2.** This Court has jurisdiction to change the legal names of the persons as listed below.
**3.** Good cause exists to grant this application.
**4.** It is in the best interest of any minor child(ren) listed below.

## THE COURT ORDERS:

**1.** **The name on the Birth Certificate or ☐ Current Legal Name:**

| | | |
|---|---|---|
| | | |
| First | Middle | Last |

Date of Birth: _____
Month Day Year

Place of Birth: _____
City State Nation

**IS CHANGED TO:**

| | | |
|---|---|---|
| | | |
| First | Middle | Last |

**The name on the Birth Certificate or ☐ Current Legal Name:**

| | | |
|---|---|---|
| | | |
| First | Middle | Last |

Date of Birth: _____
Month Day Year

Place of Birth: _____
City State Nation

**IS CHANGED TO:**

| | | |
|---|---|---|
| | | |
| First | Middle | Last |



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Case No. _____

**The name on the Birth Certificate or ☐ Current Legal Name:**

| | | |
|---|---|---|
| | | |
| First | Middle | Last |

Date of Birth: _____
Month Day Year

Place of Birth: _____
City State Nation

**IS CHANGED TO:**

| | | |
|---|---|---|
| | | |
| First | Middle | Last |

**The name on the Birth Certificate or ☐ Current Legal Name:**

| | | |
|---|---|---|
| | | |
| First | Middle | Last |

Date of Birth: _____
Month Day Year

Place of Birth: _____
City State Nation

**IS CHANGED TO:**

| | | |
|---|---|---|
| | | |
| First | Middle | Last |

**2.** ☐ For a person born in the State of Arizona, the Office of Vital Records is ordered to amend the birth record to reflect the new name as ordered above. Note that except for correction of error, a woman's maiden name *as recorded on the birth record*, is unaffected by an Order for Change of Name (*or by marriage*).

☐ For a person born in a state other than Arizona, to the extent that the agency that maintains birth records in that state is authorized to honor an order of this Court, that agency is requested or ordered to amend its birth records to reflect the new name(s) as ordered above.

**3.** This Order does **not** establish paternity or add the name of a father to a birth certificate.

**4.** This Order does **not** release the persons named above from any obligations incurred or harm any rights of property or action in any original name.

**5.** Other Orders:* _____

_____

_____

* May **NOT** be used to establish paternity or to add the name of a father to a birth certificate.

**DONE IN OPEN COURT:**_____ _____
**Date** **Judicial Officer**



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