

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

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of

Case Number: _____

Name of Applicant
(Person Requesting Name Change)

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

REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____
Month Date 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"

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