

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email Address: _____
ATLAS Number (if applicable) _____
Attorney Bar Number (if applicable) _____
Represented by Self or by Attorney

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Marriage of

Case Number: _____

(Name of Petitioner)

CONSENT TO RESTORATION OF FORMER NAME

AND

Pursuant to A.R.S. §25-325C
[No fee shall be charged for the filing of the form alone]

(Name of Respondent)

REQUIRED INFORMATION FROM SPOUSE, UNDER OATH OR AFFIRMATION:

I have read the Petition for Dissolution of Marriage and consent to changing my

LEGAL name to:

First: _____

Middle: _____

Last: _____

OATH OR AFFIRMATION OF CONSENTING PARTY

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