

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
AZCARES 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