

Name of Person Filing: _____
Mailing Address: _____
City, State, and Zip Code: _____
Daytime/Evening Phone: _____
State Bar Number (if applicable): _____
Representing: Self (No Attorney) Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(Name of Applicant)

Case Number: _____

**AFFIDAVIT OF SERVICE BY
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.

OATH OR AFFIRMATION

STATE OF ARIZONA)
)ss.
COUNTY OF MOHAVE)

I affirm under penalty of perjury the information provided on this document is true and correct.

Signature: _____

Date: _____

Sworn to or affirmed before me on this _____ day of _____, 20_____

By: _____

My Commission Expires: _____

Notary Public or Deputy Clerk