

Name of Person Filing: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, and Zip Code: \_\_\_\_\_  
 Daytime/Evening Phone: \_\_\_\_\_  
 ATLAS Number (if applicable): \_\_\_\_\_  
 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