

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 IN MOHAVE COUNTY

Case Number: \_\_\_\_\_

In the Matter of:

### APPLICATION FOR CHANGE OF NAME FOR AN ADULT (A.R.S. §12-601)

\_\_\_\_\_  
Current Name of Applicant

### STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

#### 1. INFORMATION ABOUT ME, THE APPLICANT

A. Name on Birth Certificate (Applicant) or  Current Legal Name

\_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

County of Residence: \_\_\_\_\_

#### 2. REQUESTS TO THE COURT:

I ask that my name be changed to:

\_\_\_\_\_  
First Middle Last

I ask that the birth records be changed to reflect the new name listed above.

#### 3. STATEMENTS TO THE COURT REQUIRED BY ARIZONA LAW (A.R.S. §12-601 (C))

(Check the boxes that indicate a true statement) (For "d," explain.)

- a.  I submit this application solely for the benefit and in the best interests of the person for whom the name change is requested.
- b.  I understand and acknowledge that this change of name, if granted, will not release me from any obligations incurred or harm any rights of property or action in any previous name.
- c.  I am not knowingly requesting this change of name to that of another individual for the purpose of committing or furthering any offense of theft, forgery, fraud, perjury, organized crime or terrorism or any other offense involving false statements.

d.  I request this name change because: (Explain) \_\_\_\_\_  
 \_\_\_\_\_

e. Have you ever been convicted of a felony?  Yes  No

If "Yes" to "e," list all felony convictions below.

Felony Case No.	County & State	Sentence	Date of Conviction
1			
2			
3			
4			
5			

Is there anything regarding your felony conviction(s) that you would like to bring to the Court's attention? (Optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Are there any criminal charges (felony or misdemeanor) pending against you at this time?  
 Yes  No

If "Yes" to "f," list all pending charges below.

Pending Charges	Name of Court or City & State	Case No.
1		
2		
3		
4		
5		

Is there anything regarding your pending criminal charges that you would like to bring to the Court's attention? (Optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case No. \_\_\_\_\_

**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