

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 A FAMILY
 (A.R.S. §12-601)**

Current Name of Applicant

STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT PERSONS FOR WHOM NAME CHANGE IS REQUESTED

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

 First Middle Last

Applicant's Address: _____

County of Residence: _____

Date of Birth: _____ Place of Birth: _____
 (Month / Day / Year) (City / State / Nation)

REQUESTS NAME BE CHANGE TO:

 First Middle Last

B. Name on Birth Certificate or Current Legal Name:

 First Middle Last

Address Same as Applicant, or: _____

Relation to Applicant: _____

County of Residence: _____

Date of Birth: _____ Place of Birth: _____
 (Month / Day / Year) (City / State / Nation)

REQUESTS NAME BE CHANGE TO:

 First Middle Last

Case No. _____

C. Name on Birth Certificate or Current Legal Name:

First Middle Last

Address Same as Applicant, or: _____

Relation to Applicant: _____

County of Residence: _____

Date of Birth: _____ Place of Birth: _____
(Month / Day / Year) (City / State / Nation)

REQUESTS NAME BE CHANGE TO:

First Middle Last

If you wish to include more people in this application, please attach another sheet of paper. List for each person their current name as on birth certificate, address, date of birth, county of residence, place of birth, relationship to Applicant, and the new name requested.

2. REASON FOR THIS REQUEST FOR CHANGE OF LEGAL NAME

I request that the legal names be changed as listed above for the following reasons:

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 persons for whom the name change is requested.

B. I understand and acknowledge that this change of name, if granted, will not release me or anyone for whom a change of name is requested on this Application 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. Have you or any adult listed above ever been convicted of a felony?

Yes No

If "yes," list all felony convictions on the next page.

Case No. _____

	Name of Person Convicted	Case No.	County & State	Sentence	Date of Conviction
1					
2					
3					
4					
5					
6					

Additional convictions are listed on attached page in the same format as above.

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

E. Are there any criminal charges (felony or misdemeanor) pending against you or anyone listed on this Application for Name Change at this time?

Yes No

If "Yes" to "E", fill out information below.

	Name of Person with Pending Charges	Name of Court or City & State	Case No.
1			
2			
3			
4			
5			
6			

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 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