

Person Filing Document: \_\_\_\_\_  
 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 MINOR CHILD  
(A.R.S. §12-601)**

\_\_\_\_\_  
A Minor

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

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

\_\_\_\_\_  
 (First) (Middle) (Last)  
 Applicant's Address: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 (Month / Day / Year) (City / State / Nation)

#### 2. INFORMATION ABOUT THE MINOR FOR WHOM THIS NAME CHANGE IS REQUESTED:

**Name as it appears on the Birth Certificate:**

\_\_\_\_\_  
 (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)

**New Name Requested:**

\_\_\_\_\_  
 (First) (Middle) (Last)

3.  I ASK THAT THE BIRTH RECORDS BE CHANGED TO REFLECT THE NEW NAME LISTED ABOVE.

