	me of Person Filing:				
Stre	eet Address:				
City, State, Zip Code:					
Telephone Number:					
ΠА	ttorney, Bar Number:			For Clerk's Use Only	
			RIOR COURT OF ARI HE COUNTY OF YAV	_	
In the Matter of:			Case Number: _	1300CV	
			AFFIDAVIT OF	SERVICE BY CERTIFIED MAIL	
Nar	me of Applicant				
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.				
The	e contents of this document	are true an	d correct to the best o	of my knowledge and belief.	
Dat	te		Signature of Sender		
			•		
State of Arizona) ss.			Subscribed and sworn to or affirmed before me on:		
County of)			, 20		
Му	Commission Expires:				
			Clerk of the Superior	Court or Notary Public	