

Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
 Representing Self (No Attorney), or Represented by Attorney
If Attorney, Bar Number: _____



**IN THE SUPERIOR COURT OF ARIZONA
IN AND FOR THE COUNTY OF YAVAPAI**

In the Matter of

Case Number: 1300CV

Div. _____

**APPLICATION FOR CHANGE OF NAME
FOR AN ADULT**

Current Name of Applicant

(A.R.S. § 12-601)

UNDER PENALTY OF PERJURY:

1. INFORMATION ABOUT ME, THE APPLICANT:

Name on Birth Certificate or Current Legal Name (First, Middle and Last):

Date of Birth (Month, Day and Year): _____

County of Residence: _____

Place of Birth (City and State): _____

2. REQUESTS TO THE COURT:

I ask that my name be changed to (First, Middle and Last):

I ask that the birth records be ordered 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.)

- a. I submit this application solely for the benefit and in the best interests of the person or 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.

