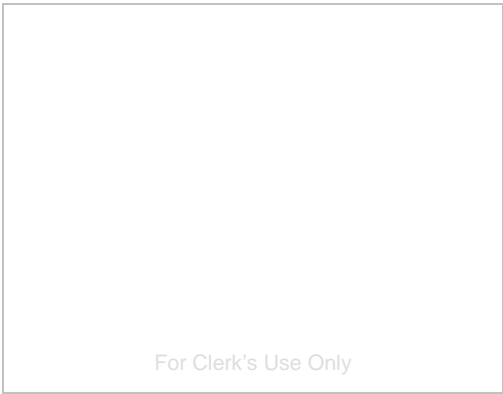


Person Filing: _____
Address: _____
City, State, Zip Code: _____
Telephone Number(s): _____
Represented by [] Self (No Attorney) OR [] by Attorney
(If Attorney) Bar Number: _____



SUPERIOR COURT OF ARIZONA IN YAVAPAI COUNTY

In the Matter of _____ **Case Number:** 1300CV

**CONSENT OF MINOR
TO NAME CHANGE
(if minor is 14 or older)**

A Minor

REQUIRED INFORMATION FROM MINOR, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT ME:

Name on Birth Certificate:

First Middle Last

Address: _____

Telephone: _____

Date of Birth (Month/Day/Year): _____
Month Date Year

Place of Birth (City, State, Nation): _____
City State Nation

[] I am the minor who is the subject of this name change request.

[] I am at least 14 years of age.

2. I have read the Application for Name Change and consent to changing my legal name to:

First Middle Last

3. I waive notice of all further proceedings in this matter.

OATH OR AFFIRMATION OF MINOR

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 this date: _____

My Commission expires Notary Public or Deputy Clerk