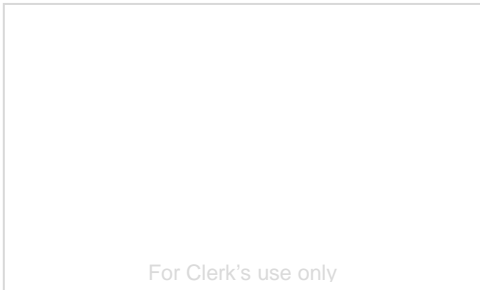


Name: _____
Mailing Address: _____

Daytime Telephone: _____



IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

In the Matter of the Name Change of:

_____ 1300CV _____ Div. _____

A Minor

CONSENT OF MINOR TO NAME CHANGE (Only if minor is 14 yrs of age or older)

REQUIRED INFORMATION FROM MINOR, UNDER OATH:

1. INFORMATION ABOUT ME:

Name: _____ Date of Birth: _____

Address: _____
(street, city, state, AND ZIP)

Mailing Address *(if different than above)*: _____

Place of Birth: _____ Telephone: _____
(city and state)

I am the minor who is the subject of this Application for Name Change.

I am at least 14 years of age.

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

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

OATH OF THE MINOR CHILD

STATE OF _____)

County of _____) ss.

I have read, understand, and completed the above statements. Everything I have said is true and correct to the best of my knowledge, information and belief.

Signature of Minor

Subscribed and Sworn before me this _____ day of _____, 20____,

By _____

My Commission Expires: _____

Notary Public