

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day/Evening Phone: \_\_\_\_\_ / \_\_\_\_\_  
Person Filing is:  SELF (No Attorney) OR  Attorney  
If Attorney, Bar No.: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

For Clerk's Use Only

**SUPERIOR COURT OF ARIZONA  
IN \_\_\_\_\_ COUNTY**

In the Matter of

Case Number: \_\_\_\_\_

**CONSENT OF PARENT TO  
NAME CHANGE OF OTHER PARENT  
AND WAIVER OF NOTICE**

\_\_\_\_\_  
(Person Requesting Name Change)

**REQUIRED INFORMATION FROM PARENT, UNDER OATH OR AFFIRMATION:**

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

The applicant and I have at least one child in common.

**2. I have read the Application for Name Change and consent to changing the other parent's legal name to new name of:**

\_\_\_\_\_  
First Middle Last

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

**OATH OR AFFIRMATION OF CONSENTING "OTHER PARENT"**

**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