

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

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

\_\_\_\_\_ **Case Number:** \_\_\_\_\_  
Name of Applicant

**AFFIDAVIT OF SERVICE  
BY CERTIFIED MAIL**

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 contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sender

Sworn to or affirmed before me this date:

\_\_\_\_\_  
Notary Public or Deputy Clerk

\_\_\_\_\_  
My Commission expires