

Name of Person Filing: _____

Your Address: _____

Your City, State, Zip: _____

Your Telephone Number: _____

Representing Self, Without an Attorney

IN THE SUPERIOR COURT OF ARIZONA, COUNTY

In the Matter of the Application of: _____ } Case No. _____

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

Applicant

1. Applicant, _____, born _____, at _____, is a resident of _____ County and desires a change of name for the following reason:

2. Applicant _____, has has not been convicted of a felony. This application is made solely for applicant's best interests and will not operate to release applicant from any obligations applicant has incurred or is under, or defeat or destroy any rights of property or action had in applicant's original name.

THEREFORE, applicant requests that the court enter an order that the present name of _____, be changed to _____.

The undersigned swears or affirms that the statements set forth above are true and correct, subject to penalties of making a false affidavit or declaration.

Date

Requesting Party