

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Representing ☐ Self or ☐ Attorney for _____
Lawyer's Bar Number: _____

FOR CLERK'S USE
ONLY

SUPERIOR COURT OF ARIZONA
IN _____ COUNTY

In the matter of:

Case Number: _____

Current Name of Applicant

**APPLICATION FOR CHANGE OF
NAME FOR AN ADULT
(ARS § 12-601)**

INFORMATION ABOUT ME, THE APPLICANT

1. **BIRTH NAME:** on your original registered state Birth Record (Certificate):

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[First, Middle, Last]

Date of Birth [Month/Date/Year]: _____

City of Birth: _____

County of Birth: _____

2. **CURRENT LEGAL NAME:**

--	--	--

[First, Middle, Last]

Current Address: _____

Current City of Residence: _____

Current State of Residence & Zip Code: _____

☐ This is my married name, and that of my ☐ Current Spouse ☐ Past Spouse

3. OTHER NAMES: (Check all that apply)

[] I was previously married –

From _____ [Month, Year] to _____ [Month, Year] and used the following name:

--	--	--

[First, Middle, Last]

[] I was previously married –

From _____ [Month, Year] to _____ [Month, Year] and used the following name:

--	--	--

[First, Middle, Last]

[] I changed my name – from this name: _____

When? _____ [Month, Year] to _____ [Month, Year] and used the following name:

--	--	--

[First, Middle, Last]

[] I changed my name – from this name: _____

When? _____ [Month, Year] to _____ [Month, Year] and used the following name:

--	--	--

[First, Middle, Last]

[] I have used the following alias: _____

When? _____ [Month, Year] to _____ [Month, Year], and used the following name:

--	--	--

[First, Middle, Last]

[] I have used the following alias: _____

When? _____ [Month, Year] to _____ [Month, Year], and used the following name:

--	--	--

[First, Middle, Last]

REQUESTS TO THE COURT

1. I ask that my name be changed to:

--	--	--

[First, Middle, Last]

- 2.
- ☐
- I ask that the birth records be ordered changed to reflect the new name requested above.

STATEMENTS TO THE COURT
(REQUIRED BY ARIZONA LAW (ARS § 12-601(C)))

Under penalty of perjury, I state the following as true:

(Check the boxes that indicate a true statement.) (For “4”, *explain.*)

1. ☐ I submit this application solely for the benefit and in the best interests of the person for whom the name change is requested.
2. ☐ I understand and acknowledge that this change of name, if granted, will not release me from any obligations incurred or harm any rights of property or action in any previous name.
3. ☐ I am not knowingly requesting this change of name to that of another individual for the purpose of committing or furthering any offense of theft, forgery, fraud, perjury, organized crime or terrorism or any other offense involving false statements.
4. ☐ I request this name change because: (Explain) _____

5. Have you ever been convicted of a felony?
- ☐
- Yes
- ☐
- No

If “Yes,” all felony convictions are listed below.

	Felony Case Number	County & State	Sentence	Date of Conviction
1				
2				
3				
4				
5				

Is there anything regarding your felony conviction(s) that you would like to bring to the Court’s attention? (Optional) _____

Case Number: _____

6. Are there any criminal charges (*felony or misdemeanor*) pending against you at this time?
[] Yes [] No

If “Yes,” all pending charges are listed below:

Pending Charges		Name of Court or City & State	Case Number
1			
2			
3			
4			
5			

Is there anything regarding your pending criminal charges that you would like to bring to the Court’s attention? (Optional) _____

OATH OR AFFIRMATION

I affirm under penalty of perjury the information provided on this document is true and correct.

Date

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)
by _____.

(notary seal)

Notarial Officer

Title