Parent Name A [NOTE: NOT LIMITED TO PARENT(S)]

[Parent Name B]

Address

City, State Zip

Phone Number

Email Address

Applicant(s), Self-Represented

Pronouns

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**

**IN AND FOR THE COUNTY OF PIMA**

|  |  |
| --- | --- |
| In the matter of:  Child’s Legal Name, a Minor | Case No.  **CONSENT OF PARENT TO CHANGE OF NAME OF A MINOR AND AMENDING BIRTH CERTIFICATE AND SEALING AND WAIVER OF NOTICE**  Hon. |

1. My name is Name of Parent, my address is Address, my telephone number is Telephone Number, my date of birth is Date of Birth, and my place of birth is Place of Birth.
2. I am the Natural/Adoptive Mother/Father/Parent of Minor.
3. I have received and read the Application for Change of Name of a Minor and Order Amending Birth Certificate.
4. I consent to the changing of Minor’s legal name to Child’s Requested Name and to the Arizona Department of Health Services Bureau of Vital Records amending Minor’s birth certificate to reflect Child’s Requested Name.
5. I further consent to the sealing of the Application and Order.
6. I waive notice of all further proceedings in this matter.

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**The undersigned swear(s) or affirm(s) that the statements set forth above are true and correct, subject to penalties of making a false affidavit or declaration, also known as perjury.**

DATED this day of , 202 .

Name of Parent