

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 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.**

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

\_\_\_\_\_  
Date

Sworn to or affirmed before me this date:

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

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