

CHANGE OF NAME AND/OR ADDRESS FORM

ONLY changes to YOUR OWN name or address may be submitted. When COMPLETED please mail to:

CLERK OF THE SUPERIOR COURT
PO Box CK
BISBEE, ARIZONA 85603
OR
FAX TO (520) 432-4850

<u>CASE NUMBER:</u> _____	<u>ATLAS NUMBER:</u> _____
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TO: CLERK OF THE SUPERIOR COURT:

PLEASE CHANGE MY: (CHOOSE ONE OR BOTH)

____ NAME	____ ADDRESS
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***(PLEASE PRINT CLEARLY)**

OLD NAME: _____

NEW NAME: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

PHONE: (_____) _____

NAME OF OTHER PARENT: _____

SIGNATURE: _____

DATE: _____

PROCESSED BY:

DEPUTY CLERK: _____	DATE: ____/____/____
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