ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (*name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITION OF *(name of each petitioner):* FOR CHANGE OF NAME	
PROOF OF SERVICE OF ORDER TO SHOW CAUSE **BY** ☐ PERSONAL DELIVERY ☐ MAILING (OUTSIDE CALIFORNIA ONLY)	CASE NUMBER:

1. At the time of mailing or personal delivery, I was at least 18 years of age and **not a party** to this proceeding.
2. My residence or business address is *(specify)*:

3. I personally delivered or mailed a copy of the (*title of document)*:

   as follows *(complete either a or b):*

   a. ☐ **Personal delivery.** I personally delivered a copy to the person served as follows:
      (1) Name of person served:
      (2) Address where delivered:

      (3) Date delivered:
      (4) Time delivered:

   b. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.
      (1) I enclosed a copy in an envelope and mailed the sealed envelope to the person served by first-class mail, postage prepaid, return receipt requested, to the address outside of California listed below.
      (2) The envelope was addressed and mailed as follows:
         (a) Name of person served:
         (b) Address on envelope:

         (c) Date of mailing:
         (d) Place of mailing *(city and state)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF DECLARANT) (SIGNATURE OF DECLARANT)

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