

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): <div style="text-align: right;">FOR CHANGE OF NAME</div>	
PROOF OF SERVICE OF ORDER TO SHOW CAUSE BY <input checked="" type="checkbox"/> PERSONAL DELIVERY <input checked="" type="checkbox"/> 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)