PETITIONER OR ATTORNEY *(Name, state bar number, and address)*:

TELEPHONE NO.: FAX NO. (*Optional*):

E-MAIL ADDRESS *(Optional)*:

ATTORNEY FOR *(Name)*:

**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF** Inyo

STREET ADDRESS: 168 N. Edwards

MAILING ADDRESS: P.O. Box Drawer U

CITY AND ZIP CODE: Independence, CA 93526

BRANCH NAME:

PETITION OF *(Names of each petitioner)*:

FOR CHANGE OF NAME

CASE NUMBER:

**PROOF OF SERVICE OF ORDER TO SHOW CAUSE**

**BY** ☐ PERSONAL DELIVERY ☐ MAILING (OUTSIDE CALIFORNIA ONLY)

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 *Order to Show Cause for Change of Name* 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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