Code: 3725
Name: _____
Address: _____
_____
Telephone: _____
Email: _____
Self-Represented Litigant

IN THE FAMILY DIVISION
OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE

In the Matter of the Change of Name of:
(*Minor's current legal name you wish to change*)

_____, Case No. _____

Dept. No. _____

A Minor.
_____/

PROOF OF MAILING

I mailed a true and correct copy of the (*title of documents mailed*)

_____

to the following last known address of the other parent:

_____

by registered or certified mail, return receipt attached.

This document does not contain the personal information of any person as defined by NRS 603A.040.

Date: _____ Your signature:_____

Print your name:_____