

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present Name)
TO _____
(Requested Name)
CASE NO. _____

APPLICATION FOR CHANGE OF NAME OF MINOR
[R.C. 2717.01]

Applicant is the Parent Legal Guardian Legal Custodian Guardian ad Litem of the minor. The minor has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this Application. Applicant requests a change of the name of the minor from

_____ to _____
First Middle Last First Middle Last

The reason for requesting this name change is: _____

A certified copy of the minor's birth certificate is attached.

The name and address of Parent 1 of the minor is:

Name

Address

City, State, Zip Code

- The Waiver of Notice of Hearing and Consent of Parent 1 accompanies this Application.
- Applicant states that the address of Parent 1 is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address but cannot locate this individual.

The name and address of Parent 2 or the alleged father of the minor is:

Name

CASE NO. _____

Address

City, State, Zip Code

- The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged father accompanies this Application.
- Applicant states that the address of Parent 2 or the alleged father is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address but cannot locate this individual.
- There is no person alleged to be the father/Parent 2 of the minor.

An Affidavit in support of this Application is attached.

The Applicant will serve Notice of the Hearing on any nonconsenting parent or alleged father as the Court requires pursuant to R.C. 2717.14.

Attorney for Applicant

Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

Telephone Number (include area code)

Telephone Number (include area code)

Email Address

Email Address

Attorney Registration No. _____

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present Name)
TO _____
(Requested Name)
CASE NO. _____

**AFFIDAVIT IN SUPPORT OF
APPLICATION FOR CHANGE OF NAME OF MINOR**
[R.C. 2717.06]

State of Ohio }
County of _____ } SS

The undersigned, in support of the Applicant's Application for Change of Name of Minor, deposes, says, and verifies the following:

Check all that apply:

- Applicant is the parent legal guardian legal custodian guardian ad litem of the minor;
- The minor has been a bona fide resident of _____, County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;
- The Application is not made for the purpose of evading any creditors or other obligations;
- The minor has not been adjudicated a delinquent child for identity fraud;
- The minor does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the minor was NOT adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim-oriented offense;

Any other information relevant to the Application _____

All documentary evidence submitted with the Application is true, accurate, and complete.

Applicant

Sworn to before me and subscribed in my presence the _____ day of _____

Notary Public/Deputy Clerk

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present Name)
TO _____
(Requested Name)
CASE NO. _____

CONSENT TO CHANGE OF NAME
[R.C. 2717.14]

The undersigned _____

[check one of the following 2 capacities by which your consent is given]

- Parent
- Alleged Father

hereby waives notice of the hearing on the Application for Change of Name and consents to the change of
name of _____
to _____
as proposed in the Application.

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Deputy Clerk/Notary Public

RELEASE FOR CRIMINAL BACKGROUND CHECK

I understand that, as a result of making an application to change or conform my name, I am hereby authorizing and requesting the Probate Court, its agents, and its authorized employees, to make any and all examinations of my criminal record, and I hereby release any police or law-enforcement agency, and all individuals connected therewith, from all liability in providing such information.

DATED _____

Printed Name

Signature

Social Security Number