

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN RE: CHANGE OF NAME OF \_\_\_\_\_  
(Present Name)

TO \_\_\_\_\_  
(Name Requested)

CASE NO. \_\_\_\_\_

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

The applicant states that the applicant is the  parent  legal guardian  guardian ad litem of the minor and that the minor has been a bona fide resident of \_\_\_\_\_ County, Ohio, for at least one year immediately prior to the filing of this application.

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

The applicant states that the name and address of Parent 1 of the minor is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip

Applicant states that the address of  Parent 1  Parent 2  or alleged father is unknown and cannot with reasonable diligence be ascertained.

There is no person alleged to be the father of the minor.

The applicant states that the person for whom a change of name is being requested

1) \_\_\_\_\_  has  has not been convicted of, pleaded guilty to, or been adjudicated a  
Initials delinquent child for identity fraud.

2) \_\_\_\_\_  has a  has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the  
Initials applicant was convicted of, pled guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense.

**CASE NO.** \_\_\_\_\_

The applicant requests a change of name of the minor from \_\_\_\_\_  
to \_\_\_\_\_  
for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant states that the applicant will cause notice of the application to be published once in a newspaper of general circulation in this county at least thirty (30) days before the hearing on this application. In addition, notice will be given by the applicant to any non-consenting parent or alleged parent, whose addresses are known, by certified mail, return receipt requested.

\_\_\_\_\_  
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)

Attorney Registration No. \_\_\_\_\_