

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO
DAVID D. BRANNON, JUDGE**

CHANGE OF NAME OF _____ , ADULT
(Present Name)

TO _____
(Requested Name)

CASE NO.: _____

**APPLICATION FOR CHANGE OF NAME OF ADULT
[R.C. 2717.01]**

The applicant requests a change of name from _____
(Current Legal Name)

to _____ for the following reasons:
(Requested Name)

AFFIDAVIT OF NAME CHANGE

I, _____ , being first duly cautioned and sworn, state that:
(Current Legal Name)

1. I have been a resident of Montgomery County, Ohio for a period of at least sixty (60) days;
2. I am not making this application for the purpose of evading any creditors or other obligations;
3. I am not currently in any pending bankruptcy proceedings as a debtor;
4. That all the documentary evidence with the application submitted pursuant to Revised Code 2717.07 and M.C.R. 78.4, is true, accurate, and complete;
5. I have not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud;
6. I do not have a duty to comply with section 2950.04 or 2950.041 of the Revised Code because the applicant was convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense.

Affiant's Signature

Sworn to before me and subscribed in my presence this ____ day of _____ , 20 ____

Notary Public / Deputy Clerk

It is the responsibility of the applicant to obtain a criminal background check through the Bureau of Criminal Investigations (BCI) and instruct the BCI to send the background check results directly to the Court.

The Applicant must also include with the filing photocopies of the following documents with social security numbers, driver's license numbers, issuance and expiration dates blacked out to protect confidential information:

- Birth Certificate (most recent copy available)
- Social Security Card
- Driver's License or State issued photo ID Card (if any)

Upon receipt of the BCI report, the Application for Change of Name of Adult and the supporting documents will be reviewed by the Court for a Decision. Please note, the BCI process can take up to eight (8) weeks for completion. The Court will provide certified copies of the Final Judgment Entry.

Attorney's Signature

Applicant's Signature

Attorney's Printed Name

Applicant's Printed Name

Address

Address

City State Zip Code

City State Zip Code

Telephone Number

Telephone Number

Attorney Registration Number

PROBATE COURT OF MONTGOMERY COUNTY, OHIO
DAVID D. BRANNON, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present Name)

(Name Requested)

Case No. _____

NOTICE OF HEARING ON CHANGE OF NAME

[R.C. 2717.01]

Applicant hereby gives notice to all interested persons and to _____
Necessary person whose address is unknown
whose last known address is _____

that the applicant has filed an Application for Change of Name in the Probate Court of Montgomery County,
Ohio, requesting the change of name of _____
to _____.

The hearing on the application will be held on the _____ day of _____, 20____,
at _____ o'clock ____M. in the Probate Court of Montgomery County, located at 41 North Perry Street,
2nd Floor, Dayton, Ohio 45422.

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Note to Publisher: The above legal notice including the caption is to be published once in its entirety. Costs are to be paid by applicant and an Affidavit of Publication is to be furnished to applicant.

BCI BACKGROUND CHECK INFORMATION FOR GUARDIANSHIP AND ADULT NAME CHANGE APPLICANTS

DO I NEED TO SUBMIT A BCI BACKGROUND CHECK? You must submit an Ohio Bureau of Criminal Identification and Investigation (“BCI”) background check if:

1. You are a resident of Ohio; **and**
2. You are filing an application for guardianship of an adult or minor; **or**
3. You are filing an application for name change of an adult.*

*If you are filing an application for a name change, you must submit the BCI background check using **your current legal name**.

REQUESTING A BCI BACKGROUND CHECK

How do I request a BCI background check? To request a background check, you must visit a provider in this state and ask for a Request for a Background Check. You must complete the Request and submit it to the provider. A sample Request is on the following page.

Where can I request a BCI background check? You can get a list of providers from the Ohio Attorney General. Call 877-224-0043 or visit their website.
ohioattorneygeneral.gov/business/services-for-business/webcheck/webcheck-community-listing
Many of these providers require that you call first to schedule an appointment.

How much does it cost to request a BCI background check? The fee for a background check is typically \$30 - \$40. Many providers require that you pay this fee in cash.

SUBMITTING A BCI BACKGROUND CHECK

How do I submit my BCI background check to the Probate Court? The Request for a Background Check will ask where you would like your background check to be mailed. Please answer that you would like for your background check to be mailed to:

Montgomery County Probate Court
41 North Perry Street, Second Floor
Dayton, Ohio 45422

How long will it take for the Probate Court to receive my BCI background check? Your background check should arrive at the Probate Court within 3 – 30 days. When it arrives, it will be filed in your case.

Can I file my application for guardianship or application for name change before the Probate Court receives my BCI background check? Yes. You may file your application before **or** after the Probate Court receives your background check. However, please keep in mind that the Court cannot grant your application until it has received your background check. You may call the Court at 937-225-4640 to ask whether it has received your background check.

PLEASE NOTE: If you are not a resident of Ohio, you must submit a criminal background check completed by law enforcement in your state of residence.

REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

BCI ONLY

FBI ONLY

BCI & FBI

Personal Information

Name _____ Address _____

Date of Birth _____ SSN _____ Address _____

Phone # _____ City _____

Email _____ State _____ Zip _____

Race: Asian or Pacific Islander African American Caucasian or Hispanic Descen
 Middle Eastern Native American Other

Reasons for background check: BCI: _____ FBI: _____

Name & Address for results to be mailed:

Montgomery County Probate Court
41 N. Perry Street, Second Floor
Dayton, Ohio 45422

Direct copy to (circle only one)

BMV Dealer Licensing
Ohio Dept. of Education
Ohio Board of Nursing
Ohio Dept. of Public Safety
Ohio Dept. of Liquor Control
Ohio State Racing Commission
Ohio Department of Insurance
Respiratory Care Board
None

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification and Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the parties indicated above. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees and the License Bureau and their employees for all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Name (please print)

Parent/Guardian's Name (if applicant is minor)

Applicant's Signature

Date

Parent/Guardian's Signature (if applicant is minor)

Important Notice: By signing this form the Applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the Applicant if a background check must be resubmitted for incorrect information Applicant agrees that an additional fee will be charged.

Witness's Name (please print)

Witness's Signature

For Official Use Only

Identification presented:

DL _____ state: _____ DL# _____ Exp. Date _____ (cannot be expired)
 ID _____ state: _____ ID# _____ Exp. Date _____ (cannot be expired)
 Passport _____ Country _____ Exp. Date _____ (cannot be expired)
Webcheck # _____ Date _____

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO
DAVID D. BRANNON, JUDGE**

IN RE: NAME CHANGE OF: _____, **ADULT**
(Current Legal Name)

TO: _____
(Requested Name)

CASE NO.: _____

**MAGISTRATE'S DECISION; CHANGE OF NAME OF ADULT
[R.C. 2717.01]**

Pursuant to R.C. 2717.09 et seq., pertaining to name changes, I reviewed or otherwise examined all evidence in this matter including an Application for Change of Name of Adult and any supporting documents, and testimony if any. I find that reasonable and proper cause exists for changing the name.

The Applicant's complete name at birth is _____,
(As Name Appears on Birth Certificate)

the applicant's date of birth is _____ / _____ / _____, the applicant's place of birth is:

City of Birth

County of Birth

State of Birth

Therefore, it is my RECOMMENDATION that the name of _____
_____ be changed to _____
(Current Legal Name)

(Requested Name)

Magistrate

NO PARTY SHALL ASSIGN AS ERROR ON APPEAL THE COURT'S ADOPTION OF ANY FACTUAL FINDING OR LEGAL CONCLUSION, WHETHER OR NOT SPECIFICALLY DESIGNATED AS A FINDING OF FACT OR CONCLUSION OF LAW UNDER CIV. R. 53(D)(3)(a)(ii), UNLESS THE PARTY TIMELY AND SPECIFICALLY OBJECTS TO THAT FACTUAL FINDING OR LEGAL CONCLUSION AS REQUIRED BY CIV. R. 53(D)(3)(b).