

## **Checklist**

### **Name Change of Adult**

#### Filing Fees

Court Costs: \$100.00

#### Requirements

You may apply for a name change **only** if you have been a Lucas County Resident for the past 60 days.

#### The Process

The documents listed below must be prepared by the applicant or an attorney, and submitted to the Court for filing, along with the filing fee. Once the documents have been approved for filing by the Court, the Court will review the filing for approval.

The Court reserves the right to require additional documentation be submitted to support the applicant's name change or hold a formal hearing on the application. A criminal background check is required.

**Note: All paperwork must be typed and the filings single -sided. We will not accept handwritten documents.**

**Please do not staple original paperwork.**

**You must list the individual's full name on all paperwork (first, middle and last). No initials may be used.**

#### Initial Filing

- Application for Change of Name of Adult (Form 21.0)
- Photocopy of Birth Certificate
- Photocopy of Driver's License or State ID (driver's license number, issuance date and expiration date must be redacted)
- Affidavit in Support of Application for Change of Name of Adult (Form 21.01)
  - o This must be notarized by a Notary Public before being submitted for filing
- Judgment Entry Changing Name of Adult (Form 21.1)
- Release of Record Check on Applicant (RRCPPF)

#### If Requesting the Name Change to be Confidential:

The law requires very specific criteria be met in order for someone to qualify for a confidential name change. The applicant must provide proof that it would jeopardize the applicant's personal safety to have the name change on the public record. Please refer to Ohio Revised Code section 2717.11 to determine if you meet the requirements.

**In addition to** the forms required for *initial filing* above, the documents listed below must also be submitted, along with any required attachments. The Judge will review all of the documents and make a determination as to whether it qualifies as a confidential name change. If so, the Court will contact the applicant or attorney to set a hearing, if determined necessary.

- Motion for Confidentiality of Proceeding (Form 21.6)
- Order Granting Confidentiality of Proceeding (Form 21.06)

**PROBATE COURT OF LUCAS COUNTY, OHIO  
JACK R. PUFFENBERGER, JUDGE**

**IN THE MATTER OF:** \_\_\_\_\_

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

**NEW CASE INFORMATION STATEMENT**

**ATTORNEY OF RECORD TO COMPLETE THE FOLLOWING SECTION**

THE UNDERSIGNED CERTIFIES THAT THIS CASE  IS,  IS NOT RELATED TO ANY CASE NOW PENDING IN ANY JUDICIAL SYSTEM.

CASE NUMBER OF RELATED CASE \_\_\_\_\_

DESCRIPTION AND JURISDICTION OF RELATED CASE \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

- CORRECTION/REGISTRATION OF BIRTH     DISINTERMENT     TRUSTS     MINOR SETTLEMENT  
 NAME CHANGE  
 OTHER \_\_\_\_\_

---

---

**STATEMENT OF PERMANENT ADDRESS**

**The following address is my permanent address. I understand that I am required to notify the Court of any change in my address and that the Court is authorized to remove me if I fail to comply with this requirement.**

\_\_\_\_\_  
Signature, Attorney of Record

\_\_\_\_\_  
Signature, Applicant

\_\_\_\_\_  
Print Attorney Name

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
( )  
Phone Number

\_\_\_\_\_  
( )  
Phone Number

\_\_\_\_\_  
Ohio Supreme Court ID Number

\_\_\_\_\_  
Ohio Supreme Court ID Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

**PROBATE COURT OF LUCAS COUNTY, OHIO**  
**JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF THE NAME OF \_\_\_\_\_

Present Legal Name

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

**APPLICATION FOR CHANGE OF NAME OF ADULT**

[R.C. 2717.02 and 2717.03]

Applicant requests a change of name from \_\_\_\_\_

to \_\_\_\_\_.

The reason for requesting this name change is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant is an adult and has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this Application.

An Affidavit in support of this Application is attached.

All of the documentary evidence required by Local Rule also accompanies this Application.

\_\_\_\_\_  
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.

**PROBATE COURT OF LUCAS COUNTY, OHIO**  
**JACK R. PUFFENBERGER, JUDGE**

**IN THE MATTER OF THE NAME OF** \_\_\_\_\_  
Present Legal Name

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

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

STATE OF OHIO                    )  
  )        **SS:**  
COUNTY OF \_\_\_\_\_ )

The Applicant, being first duly sworn and cautioned according to law, states the following:

- 1) Applicant has been a bona fide legal resident of this county for a period of at least 60 days;
- 2) The Application is not being made for the purpose of evading any creditors or other obligations;
- 3) Applicant is not a debtor in any currently pending bankruptcy proceeding;
- 4) Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud and does not have a duty to comply with R.C 2950.04 or 2950.041 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;
- 5) All documentary evidence submitted with the Application is true, accurate and complete.

The Applicant certifies under penalty of perjury that the statements in this Affidavit are true and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

This Affidavit was sworn to before me, with oath or affirmation administered, and signed in my presence by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_. This notarial certificate is a jurat under Ohio law.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed or Printed Name

Commission Expiration Date \_\_\_\_\_

**PROBATE COURT OF LUCAS COUNTY, OHIO**  
**JACK R. PUFFENBERGER, JUDGE**

**IN THE MATTER OF THE NAME OF** \_\_\_\_\_  
Present Legal Name

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

**JUDGMENT ENTRY**  
**CHANGING NAME OF ADULT**  
[R.C. 2717.09]

Upon the Application for Change of Name of Adult, the Court finds that the Application is properly supported by all documentation required by Local Rule and the Applicant's Affidavit required in R.C. 2717.06. The Court further finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the Applicant's name as requested.

Therefore, the Court orders that the Applicant's legal name be changed as follows:

Applicant's name at birth: \_\_\_\_\_

Applicant's current legal name: \_\_\_\_\_

Applicant's new legal name: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

State where birth record was issued: \_\_\_\_\_

Applicant is required to send a certified copy of this Judgment Entry to the vital statistics office in the state that issued the Applicant's birth record.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Jack R. Puffenberger

**CERTIFICATION OF JUDGMENT ENTRY**

The above Judgment Entry Changing Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

\_\_\_\_\_, Probate Judge

**(Seal)**

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

**PROBATE COURT OF LUCAS COUNTY, OHIO**  
**JACK R. PUFFENBERGER, JUDGE**

**CONSERVATORSHIP OF**  
**GUARDIANSHIP OF**  
**ESTATE OF**  
**MISCELLANEOUS**  
**NAME CHANGE OF**  
**TRUST OF \_\_\_\_\_,**  
**\_\_\_\_\_**

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

\_\_\_\_\_  
By my signature below, I hereby authorize the release of any and all records or information that your agency may have pertaining to me to the Probate Court of Lucas County, Ohio.

I further understand that my social security number, driver's license number and birthday listed on the attached sheet shall be used for conducting the record check and upon the conclusion of the record check that the attached sheet containing my social security number, driver license number and birth date shall be destroyed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name

**CONCLUSION OF RECORD CHECK**

- Records checked and found to be in order.
- Records checked and found not to be in order.
- Record Check Information Sheet destroyed.
- Record Check Information Sheet returned to attorney.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Clerk

I, \_\_\_\_\_, Attorney at law hereby certify, that the within instrument was prepared and/or examined by me, and that the same, in my opinion, is correct and proper.

\_\_\_\_\_  
Attorney Ohio Supreme Court Number

**RECORD CHECK**  
**INFORMATION SHEET**

Name: \_\_\_\_\_

Address:

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_