

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

IN RE: CHANGE OF NAME

OF _____
(Present Name)

TO _____
(Name Requested)

CASE NO. _____

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

The applicant states that he or she is an adult and has been a resident of Summit County, Ohio, for at least sixty (60) days immediately prior to the filing of this application. (A copy of his or her Birth Certificate and government issued valid photo ID are attached)

The applicant requests a change of name from _____
to _____

for the following reason: _____

Applicant was born in _____, _____, _____.
City County State

The applicant states that the applicant

- 1) _____ has has not been convicted of, plead guilty to, or been adjudicated a delinquent child,
initials for identity fraud.
- 2) _____ has a duty 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.

Attorney for Applicant's Signature

Applicant's Signature

Attorney for Applicant's Typed or Printed Name

Applicant's Typed or Printed Name

Address

Address

City State Zip

City State Zip

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Email Address

Applicant's Email Address

Attorney Registration No.

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

IN THE MATTER OF CHANGING THE NAME TO CONFORM TO LEGAL DOCUMENTS:

OF _____ **CASE NO.** _____
(Present Name)

TO _____
(Name Requested)

**AFFIDAVIT IN SUPPORT OF APPLICATION TO CONFORM OR CHANGE NAME OF AN
ADULT OR MINOR
(R.C. 2717.06(A))**

The Applicant, being first duly sworn, states the following with respect to the minor for whom the name conformity/change is sought:

1. Applicant has personal knowledge of the facts stated in this Affidavit;
2. The Adult Applicant/Minor has been a bona fide legal resident of this county for a period of at least sixty (60) days immediately prior to filing.
3. The Application is not being made for the purpose of evading any creditors or other obligations;
4. The Applicant/Minor is not a debtor in any currently pending bankruptcy proceeding;
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.

Affiant Signature

**STATE OF OHIO
COUNTY OF SUMMIT**

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

Notary Public

PROBATE COURT OF SUMMIT COUNTY, OHIO

IN THE MATTER OF CHANGING THE NAME:

OF _____
(Present Name)

CASE NO. _____

TO _____
(Name Requested)

**ADDENDUM TO APPLICATION
FOR CHANGE OF NAME OF ADULT**
(Attach to Application for Change of Name of Adult (R.C. 2717.01))

Typed or Printed Name

Applicant's Signature

Attorney for Applicant