

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

_____	_____	_____
First	Middle	Last
to _____	_____	_____
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

\_\_\_\_\_  
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. \_\_\_\_\_