

**PROBATE COURT OF SUMMIT COUNTY, OHIO**

**IN THE MATTER OF CHANGING THE NAME:**

**OF** \_\_\_\_\_  
(Present Name)

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

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

**APPLICATION FOR CHANGE OF NAME OF ADULT  
(R.C. 2717.01)**

The applicant states that the applicant is an adult and has been a bona fide resident of Summit County, Ohio, for at least one year immediately prior to the filing of this application. (A copy of the Applicant's Birth Certificate is attached).

The Applicant requests a change of name 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.

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