

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 MINOR  
(R.C. 2717.01)

The applicant states that the applicant is the  parent  legal guardian  guardian ad litem of the minor and that the minor has been a bona fide resident of Summit County, Ohio, for at least one year immediately prior to the filing of this application. A certified copy of the minor's birth certificate is attached.

The applicant states that the name and address of the mother of the minor is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

and the name and address of the father or alleged father of the minor is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Applicant states that the address of the  mother  father or alleged father is unknown and cannot with reasonable diligence be ascertained.

There is no person alleged to be the father of said minor.

The applicant states that the person for whom a change of name is being requested

1) \_\_\_\_\_ has (not) been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud.

Initials

2) \_\_\_\_\_ has (no) duty to comply with ORC 2950.04 or ORC 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.

Initials

The applicant requests a change of name of the minor from \_\_\_\_\_

to \_\_\_\_\_ for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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. In addition, notice will be given by the applicant to any non-consenting parent or alleged father, whose addresses are known, by certified mail, return receipt requested.

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