Reset Form

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) ____ initials ☐ has ☐ has not been convicted of, plead guilty to, or been adjudicated a delinquent child, for identity fraud.

2) ____ initials ☐ has a duty ☐ has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the 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.

3) ____ initials ☐ in filing this application, the applicant authorizes the Probate Court and its employees to conduct a criminal background check. The applicant releases any individual or agency connected therewith from all liability in providing such information.

_____
Attorney for Applicant's Signature

_____
Attorney for Applicant's Typed or Printed Name

_____
Address

_____
City State Zip

_____
Telephone Number (include area code)

_____
Attorney Email Address

Attorney Registration No. _____

_____
Applicant's Signature

_____
Applicant's Typed or Printed Name

_____
Address

_____
City State Zip

_____
Telephone Number (include area code)

_____
Applicant's Email Address