| | (Present Name) | | | |
|---|--|--|--|--|
| | (Requested Name) | | | |
| | | JLT | | |
| pplicant is an adult and has been a bona fide resident of | | County, Ohio, for at least 60 days | | |
| First | Middle | Last | | |
| | | | | |
| Middle | | Last | | |
| Applicant's S | ignature | | | |
| Typed or Prir | nted Name | | | |
| Address | | | | |
| City | Sta | ate Zip | | |
| Telephone N | umber (include area | code) | | |
| Email Addres | SS | | | |
| _ | | | | |
| | CR CHANGE OF N R.C. 2717.02 and 2717.03 le resident of first Middle tached tached Typed or Prin Address City Telephone N | (Present Name) (Requested Name) CR CHANGE OF NAME OF ADU A.C. 2717.02 and 2717.03] the resident of County, Ohio, on. First Middle Middle Middle tached. Applicant's Signature Typed or Printed Name Address City Sta Telephone Number (include area Email Address | | |

FORM 21.0 - APPLICATION FOR CHANGE OF NAME OF ADULT

PROBATE COURT OF GEAUGA COUNTY, OHIO

TIMOTHY J. GRENDELL, JUDGE

IN RE: CHANGE OF NAME OF_____

ТО_____

CASE NO. _____

(Requested Name)

(Present Name)

AFFIDAVIT IN SUPPORT OF APPLICATION FOR CHANGE OF NAME OF ADULT [R.C. 2717.06]

State of Ohio

| | } SS |
|-----------|------|
| County of | } |

The undersigned, in support of the Applicant's Application for Change of Name of Adult, deposes, says, and verifies the following:

Check all that apply:

- 1. Applicant has been a bona fide resident of ______, County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;
- 2. The Application is not made for the purpose of evading any creditors or other obligations;
- 3. Applicant is not a debtor in any currently pending bankruptcy proceeding;

}

- 4. Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud;
- 5. Applicant does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the Applicant was NOT convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim-oriented offense;

Any other information relevant to the Application

All documentary evidence submitted with the Application is true, accurate, and complete.

Applicant

 Sworn to before me and subscribed in my presence the _____day of ______, 20_____,

Notary Public/Deputy Clerk

FORM 21.01 - AFFIDAVIT IN SUPPORT OF APPLICATION FOR CHANGE OF NAME OF ADULT

Effective Date: January 1, 2023

| IN RE: CHANGE OF N | AME OF | (Pre: | sent Name) |
|---|------------------------------|--|--|
| то | (Requested Na | | |
| CASE NO. | (Requested Na | me) | |
| []、 | CHANGE O | RY [] MAGISTRA F NAME OF ADULT C. 2717.09] | TE'S DECISION |
| On | an application f | or change of name was heard b | by this Court. The Court find |
| that Applicant has provided | sufficient proof that the fa | acts in the application show reas | sonable and proper cause fo |
| changing the name. Applica | nt's date of birth was | | , an |
| the place of birth was | | | |
| City | | County | State |
| Therefore, it is ORDERED th | e name of | | |
| , | First | Middle | Last |
| be changed to | | Middle | Last |
| | | Probate Judge / Magistrate | |
| JUDGME | INT ENTRY ADOPTING | G MAGISTRATE'S DECISIO | N |
| | | rate's Decision for any errors pu Order of this Court, and incorpor | |
| Date: | | Probate Judge | |
| | CERTIFICATIO | N OF JUDGMENT EN | TRY |
| The above Judgmer of the records of this Court. | nt Entry - Change of Name | e of Adult is a true copy of the orig | ginal kept by me as custodiar Probate Judge |
| (Seal) | | By: Deputy Clerk | |
| | | Date | |
| | FORM 21.1 - JUDGMENT ENT | TRY - CHANGE OF NAME OF ADULT | |
| | | _ | Amended: January 1, 202 |

| IN RE: CHANGE OF NAME OF | | (1 | Present Name) |
|--|--------------------------|-----------------------|----------------------|
| Case No | | (Na | ame Requested) |
| | | | |
| NOTICE OF HEARIN [R.C. 27 | | NAME | |
| Applicant hereby gives notice to all interested persons and | to(Necess | ary person whose addr | , ress is unknown |
| whose last known address is | | | |
| that the applicant has filed an Application for Change of Na | | | , Ohio, |
| requesting the change of name of | | | |
| to | | | |
| The hearing on the application will be held on the | | | |
| at o'clockM. in the Probate Court of Geauga, Co | ounty, located at the Co | urt Annex, 231 Mai | n Street - 2nd |
| Floor, Chardon, Ohio 44024. | | | |
| | | | |
| | | | |
| | | | |
| | Applicant's Sign | ature | |
| | Typed or Printed | d Name | |
| | | | |
| | Address | | |
| | City | State | Zip |
| | | | |
| | | | |

Note to Publisher: The above legal notice including the caption is to be published once in its entirety. Costs are to be paid by applicant and an Affidavit of Publication is to be furnished to applicant.

FORM 21.5 - NOTICE OF HEARING ON CHANGE OF NAME

PROBATE COURT OF GEAUGA COUNTY, OHIO

TIMOTHY J. GRENDELL, JUDGE

IN RE: CHANGE OF NAME OF_____

(Present Name)

(Requested Name)

то_____

CASE NO. _____

APPLICATION TO WAIVE PUBLICATION AND SEAL FILE [R.C. 2717.11]

Now comes _______, pursuant to R.C. 2717.11, hereby requests this Court to waive the publication and order the file in the above-captioned matter be sealed. The open records of the name change or publication of the hearing notice will jeopardize the applicant's personal safety for the following reason:

□ Exhibits attached in support of application.

Attorney for Applicant

Applicant's Signature

Print Name

Attorney Reg. No. _____

JUDGMENT ENTRY WAIVING PUBLICATION AND SEALING FILE

It is hereby ORDERED that the publication for the Application for Change of Name is waived, and the file in the above-captioned matter be and hereby is sealed pursuant to R.C.2717.11. The record of these proceedings shall be opened only by Order of the Court for good cause shown or at the request of the applicant for any reason.

Date: _____

Probate Judge

FORM 21.6A - APPLICATION TO WAIVE PUBLICATION AND SEAL FILE AND JUDGMENT ENTRY

IN RE NAME OF: _____

TO:

CASE NO.: _____

RELEASE FOR CRIMINAL BACKGROUND CHECK [Confidential Information]

I understand that, as a result of making an application to change or conform my name, I am hereby authorizing and requesting the Probate Court, its agents, and its authorized employees, to make any and all examinations of my criminal record, and I hereby release any police or law-enforcement agency, and all individuals connected therewith, from all liability in providing such information.

DATED_____

Printed Name

Signature

Social Security Number