

PROBATE COURT OF WAYNE 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. _____