

**ASHTABULA COUNTY COURT OF COMMON PLEAS
PROBATE DIVISION
ALBERT S. CAMPLESE, JUDGE**

IN RE: CHANGE OF NAME OF _____
TO _____
CASE NO. _____

APPLICATION FOR CHANGE OF NAME OF MINOR
[R.C. 2717.13]

The applicant, who is the _____ parent, _____ legal guardian, _____ legal custodian, _____ guardian ad litem of the minor, states the minor has been a bona fide resident of Ashtabula County, Ohio for at least 60 days immediately prior to the filing of this application and makes this Application on the minor's behalf.

_____ A certified copy of the minor's birth certificate is attached.
(Initial)

The applicant further states:

the name and address of Parent 1 of the minor is:

Name

Address

City

State

Zip

and the name and address of Parent 2 or Alleged Father of the minor is:

Name

Address

City

State

Zip

The Applicant further states that the address of the _____ Parent 1 _____ Parent 2 or Alleged Father is unknown and cannot with reasonable diligence be ascertained; and/or _____ there is no person alleged to be the father of the minor.

The applicant further states the minor for whom a change of name is being requested:
(initial on the lines and mark the appropriate boxes)

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

2) _____ has _____ has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the applicant was convicted of, plead guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim orriented offense.

CASE NO. _____

The applicant requests a change of name of the minor 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. 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. _____

JOURNAL ENTRY SETTING HEARING AND ORDERING NOTICE

The Court orders this application set hearing on the _____ day of _____ 20__ at
_____ o'clock a.m. / p.m.

The applicant is ordered to cause notice of the application to be given by one publication in a newspaper of general circulation in this county at least thirty (30) days prior to the hearing date, as well as certified mail service, return receipt requested, if necessary, as required by law.

Probate Judge

By: Deputy Clerk