

**PROBATE COURT OF ALLEN COUNTY, OHIO**  
**TODD E. KOHLRIESER, 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 and 2717.03]

Applicant is an adult and has been a bona fide resident of Allen County, Ohio, for at least 60 days immediately prior to the filing of this application.

(A copy of Applicant's Birth Certificate is attached)

The applicant requests a change of name from *(provide your full legal name):* \_\_\_\_\_

**TO** *(provide full name):* \_\_\_\_\_

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

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

An affidavit in support of this Application is attached.

\_\_\_\_\_  
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

\_\_\_\_\_