

**PROBATE COURT OF PORTAGE COUNTY, OHIO**  
**PATRICIA J. SMITH, JUDGE**

**IN THE MATTER OF THE NAME OF** \_\_\_\_\_  
Present Legal Name

**CASE NO.** \_\_\_\_\_

**APPLICATION FOR CHANGE OF NAME OF MINOR**  
[R.C. 2717.02, 2717.03, 2717.13 and 2717.14]

Applicant requests a change of name of the minor from \_\_\_\_\_

to \_\_\_\_\_.

The reason for requesting this name change is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's relationship to the minor is:

☐ Parent      ☐ Legal Guardian      ☐ Legal Custodian      ☐ Guardian ad Litem

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

- ☐ The Waiver of Notice of Hearing and Consent of Parent 1 accompanies this Application.
- ☐ Applicant states that the address of Parent 1 is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address, but cannot locate this individual.

The name and address of ☐ Parent 2 or ☐ the alleged father of the minor is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

- ☐ The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged father accompanies this Application.
- ☐ Applicant states that the address of Parent 2 or the alleged father is unknown. Applicant has exercised all due diligence and made every reasonable effort to find the current address, but cannot locate this individual.
- ☐ There is no person alleged to be the father of the minor.

The minor has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this Application.

An Affidavit in support of this Application is attached.

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All of the documentary evidence required by Local Rule also accompanies this Application.

The Applicant will serve Notice of the Hearing on any non-consenting parent or alleged father as the Court requires pursuant to R.C. 2717.14.

\_\_\_\_\_  
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. \_\_\_\_\_