

NAME CHANGE OF ADULT

(\$100.00 deposit)

- Application for Change of Name of Adult (Form 21.0)
- Affidavit in Support of Application for Change of Name of Adult (21.01)
- Copy of All Identity Documents – *must include copy of birth certificate*
- Entry Setting Hearing and Ordering Notice of Hearing on Change of Name of Adult
- Notice of Hearing on Change of Name of Adult (21.5) - *to be paid & published by Applicant*
- Fingerprint Application for Background Check – *to be paid by Applicant*
- Journal Entry-Change of Name of Adult (21.1)

The Adult must have been a resident of Auglaize County for **at least sixty (60) days prior to application.**

Notice of Hearing on Changing Name of Adult (21.5) must be published in the local newspaper (either The Wapak Daily News or The Evening Leader) **once at least 30 days prior to the hearing date and time.** The cost of the publication is to be paid by the Applicant. The newspaper is to send verification of the publication to the Court.

Make appointment for fingerprints with the Auglaize County Sheriff's Office. Costs are **\$32.00**. This is to be paid by the Applicant. Bureau will send the results to the Court.

AFTER YOUR HEARING: If your Application is GRANTED, you will receive two (2) certified copies of the Court Order within 7-10 business days. It is your responsibility to notify any pertinent agencies of the new name. If you wish to obtain an AMENDED OHIO BIRTH CERTIFICATE, contact the *Bureau of Vital Statistics (Ohio Department of Health)*:

Ohio Department of Health
1-614-466-2531
www.odh.ohio.gov

Name Change, Name Conformity or Birth Certificate Correction: Which process is right for my situation?

Change of Name

- I want to change all or part of my name to a new name
- I want to change all or part of my child's name
- I want to change my last name and I did not recently get married
- I want to restore my maiden name following a divorce and I did not choose to do it when the divorce was pending

Name Conformity

- My name does not match on one or more of my official identity documents (Birth Certificate, Social Security Card, Driver's License, Passport, Marriage Certificate, or Divorce Decree)
- An inconsistency in my name is prohibiting me from getting a driver's license
- The name I currently use is a name on one or more of my official identity documents

Birth Correction

- The error on my or my minor child's Ohio birth certificate is a true error, not a desired change or alternate spelling acquired following birth
- I would like to change the gender marker on my or my minor child's Ohio birth certificate

Situations Probate Court Cannot Correct

- I want to add or remove a parent from my child's birth certificate
- I want to add or remove a parent from my birth certificate
- I want paternity testing to prove the father on my child's birth certificate is not the biological father
- I was married at the time my child was born, but my husband is not my child's biological father and I want to correct my child's birth certificate

If the situation regarding your name is not referenced in one of these sections, you should contact an attorney before commencing any legal action regarding your name. The situations described that Probate Court cannot correct are generally matters outside of Probate Court's jurisdiction. It is recommended that you contact the Ohio Department of Health or an attorney to assist you in these types of situations.

**PROBATE COURT OF AUGLAIZE COUNTY, OHIO
MARK E. SPEES, JUDGE**

IN RE: CHANGE OF NAME OF _____
(Present Legal Name)
TO _____
(Requested Name)
CASE NO. _____

APPLICATION FOR CHANGE OF NAME OF ADULT

[R.C. 2717.02 and 2717.03]

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

Applicant requests a change of name from _____
First Middle Last
to _____
First Middle Last

for the following reason: _____

An affidavit in support of this Application is attached.

Attorney for Applicant

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Email Address

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Email Address

Attorney Registration No. _____

**PROBATE COURT OF AUGLAIZE COUNTY, OHIO
MARK E. SPEES, JUDGE**

IN RE: CHANGE OF NAME OF _____
(Present Legal Name)

TO _____
(Requested Name)

CASE NO. _____

**AFFIDAVIT IN SUPPORT OF
APPLICATION FOR CHANGE OF NAME OF ADULT**

The undersigned Applicant, in support of the Application for Change of Name of Adult, being first duly sworn and cautioned according to law, states the following:

Check all that apply:

☐ Applicant has been a bona fide resident of Auglaize County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;

☐ The Application is not made for the purpose of evading any creditors or other obligations;

☐ Applicant is not a debtor in any currently pending bankruptcy proceeding;

☐ Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud;

☐ 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 _____, _____.

Notary Public/Deputy Clerk

Commission Exp. Date: _____

**PROBATE COURT OF AUGLAIZE COUNTY, OHIO
MARK E. SPEES, JUDGE**

IN RE: CHANGE OF NAME OF _____
(Present Legal Name)
TO _____
(Requested Name)
CASE NO. _____

NOTICE OF HEARING ON CHANGE OF NAME OF ADULT

[R.C. 2717.01]

Applicant hereby gives notice to all interested persons and to _____
whose last known address is _____,
that the Applicant has filed an Application For Change of Name of Adult in the Probate Court of
Auglaize County, Ohio, requesting the change of name of _____
to _____.

The hearing on the application will be held on the _____ day of _____,
20____, at _____ o'clock ____M. in the Probate Court of Auglaize County, located at **201
Willipie Street, Suite 119, Wapakoneta, Ohio 45895.**

Applicant's Signature

Typed or Printed Name

Address

City

State

Zip

IN RE: CHANGE OF NAME OF _____
(Present Legal Name)
TO _____
(Requested Name)
CASE NO. _____

ENTRY SETTING HEARING AND ORDERING NOTICE TO CHANGE NAME OF ADULT

**AUGLAIZE COUNTY COMMON PLEAS COURT
PROBATE, JUVENILE AND DOMESTIC RELATIONS DIVISIONS
201 WILLIPIE STREET, SUITE 119
WAPAKONETA, OHIO 45895-1972**

MARK E. SPEES, JUDGE

**COURT FAX NO. (419)739-6779
PROBATE COURT (419)739-6778
JUVENILE COURT (419)739-6776
JUVENILE PROBATION (419)739-6777
DOMESTIC RELATIONS (419)739-6775**

ADULT NAME CHANGES AND ADOPTIONS

An appointment must be made with the Auglaize County Sheriff's Office at (419)739-6565 (ask for Vicky or Glenna) to have your fingerprints taken. Let them know that you need BCI only.

The cost for BCI fingerprinting is \$32.00, personal check or money order should be payable to the Auglaize County Treasurer. Cash is also accepted. NO credit or debit cards accepted. It generally takes between seven to ten days for a complete background check but could take up to 60 days. This should be done around the same time your paperwork is filed with the Court.

REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING

☐ BCI (\$32)

☐ FBI (\$37)

☐ BCI/FBI (\$69)

Cash, checks or Money Orders – **NO** credit or debit cards accepted

Personal Information (**PLEASE PRINT**)

Last Name First Name Middle Name
Date of Birth _____ Social Security Number _____
Driver License # _____ Resident of Ohio 5 consecutive years? ☐yes ☐no
Street Address _____
City _____ State _____ Zip _____
Telephone _____

ORC code number for background check:

BCI# **OTHER –NAME CHANGE**

FBI# _____

COMPLETE THIS - IF A **FBI BACKGROUND IS NEEDED**

Sex _____ Race _____ Height _____

Weight _____ Eyes _____ Hair _____

DIRECT COPY TO: NONE

Address for results to be mailed to:

AUGLAIZE COUNTY PROBATE COURT

ATT: SUE FOOTE 419-739-6210

201 WILLIPIE ST., SUITE 119

WAPAKONETA OHIO 45895

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to _____

AUGLAIZE COUNTY PROBATE COURT

, I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I, the Auglaize County Sheriff's Office and their employees from all claims and liability related to this authorized criminal record review and dissemination.

By signing, I acknowledge that I reviewed (if applicable) the FBI Noncriminal Justice Applicant's Privacy Rights Letter.

Applicant's Name (Please Print) _____

Applicant's Signature _____

Date _____

Parent/Guardian Name _____

Parent/Guardian Signature (minor applicant **ONLY**) _____

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

Office Only

☐ Fees Collected \$ _____

☐ Journal/ledger Completed by _____

Receipt# _____

Invoice Mailed ☐ Yes

08/2023

IN RE: CHANGE OF NAME OF _____
(Present Legal Name)

TO _____
(Requested Name)

CASE NO. _____

FORM 21.1 – JUDGMENT ENTRY - CHANGE OF NAME OF ADULT