

**PROBATE COURT OF CLERMONT COUNTY, OHIO**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_  
(Present Name)

**TO** \_\_\_\_\_  
(Name Requested)

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

**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 Clermont County, Ohio, for at least one year immediately prior to the filing of this application.

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.

The applicant states that the applicant

- 1) \_\_\_\_\_  has  has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identify  
initials fraud.
- 2) \_\_\_\_\_  has a  has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the applicant was  
initials convicted of, pled guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense.

\_\_\_\_\_  
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.

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

**JUDGMENT ENTRY SETTING HEARING AND ORDERING NOTICE**

The Court orders this application set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.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 required by law.

\_\_\_\_\_  
James A. Shriver, Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

**PROBATE COURT OF CLERMONT COUNTY, OHIO**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_  
(Present Name)  
**TO** \_\_\_\_\_  
(Name Requested)  
**CASE NO.** \_\_\_\_\_

**JUDGMENT ENTRY SETTING HEARING AND ORDERING NOTICE**

The Court orders this application set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.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.

\_\_\_\_\_  
James A. Shriver, Probate Judge



**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_  
(Present Name)  
**TO** \_\_\_\_\_  
(Name Requested)  
**CASE NO.** \_\_\_\_\_

**JUDGMENT ENTRY - CHANGE OF NAME OF ADULT**

On \_\_\_\_\_, an application for change of name was heard by this Court. The Court finds that proper notice of the application and hearing date was given by one publication in a newspaper of general circulation in this county at least thirty days prior to the hearing on the application. The Court further finds that reasonable and proper cause exists for changing the name.

The Court finds that the applicant's date of birth is \_\_\_\_\_ and the place of birth is

\_\_\_\_\_  
City County State  
Therefore, it is **ORDERED** the name of \_\_\_\_\_ be  
changed to \_\_\_\_\_

\_\_\_\_\_  
James A. Shriver, Probate Judge

**CERTIFICATION OF JUDGMENT ENTRY**

The above Judgment Entry - Change of Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

James A. Shriver, Probate Judge/Clerk

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

**PROBATE COURT OF CLERMONT COUNTY, OHIO**

**JAMES A. SHRIVER, JUDGE**

IN THE MATTER OF \_\_\_\_\_

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

**AUTHORIZATION FOR RELEASE OF INFORMATION  
(INFORMATION FOR COURT USE ONLY)**

I, \_\_\_\_\_ of \_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip)

do hereby authorize: Clermont County Probate Court to obtain from Ohio Courts Network (OCN) and any other law enforcement information system and any court system, current and previous residences, civil and criminal history records, driving records, birth records, public records or any criminal justice agency records that I may have in any federal, state, county, and municipal jurisdictions.

Date of Birth	
Social Security Number	
Drivers License Number/State Issued	
A.K.A.	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness