

**PROBATE COURT OF MAHONING COUNTY, OHIO  
HON. ROBERT N. RUSU, JR., JUDGE**

**IN RE: THE NAME OF** \_\_\_\_\_  
Present 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 Mahoning County, Ohio, for at least sixty (60) days immediately prior to the filing of this application.

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

to \_\_\_\_\_

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

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

An affidavit in support of this Application is attached.

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