

**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 MINOR**

[R.C. 2717.02, 2717.03, 2717.13 and 2717.14]

Applicant is the:     Parent                       Legal Guardian  
                                  Legal Custodian     Guardian ad Litem 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.

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

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

A certified copy of the minor's birth certificate is attached.

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/Parent 2 of the minor.

An Affidavit in support of this Application is attached.

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. \_\_\_\_\_