

Adult Name Change Proceeding

Filing fee: \$70; An additional \$25 will be collected in cases requiring a hearing.

Along with the enclosed forms, please include a certified copy of your birth certificate. Also include a copy of your driver's license or state ID. Please redact (black out) the DL/ID number and expiration date.

Please type the documents using our web forms where possible. If you are unable to type them, they must be **legibly** written. Illegible documents will be rejected.

For applicants born in Ohio, please note the information you include on the application and judgment entry for your "after" name will be changed on your birth record to match exactly. Therefore, any typos or omissions (such as leaving out your middle name on your paperwork) will result in an error on your new birth certificate.

At the discretion of the court, a hearing, publication, or background check for the applicant may be required. The court will notify you after the application is filed whether any of these are necessary.

The forms and fee, payable to Wood County Probate Court, can be mailed or dropped off in person to the address below. We do not accept credit cards for new case filings.

Wood County Probate Court
One Courthouse Square
Bowling Green OH 43402

OHIO LAW REQUIRES THE OHIO DEPARTMENT OF HEALTH TO BE NOTIFIED WHEN A NAME CHANGE HAS OCCURRED FOR A PERSON BORN IN OHIO. IF YOU DO NOT WISH TO HAVE YOUR NAME CHANGED ON YOUR BIRTH CERTIFICATE, YOU MUST ADDRESS THIS EITHER ON YOUR APPLICATION OR DURING THE COURT HEARING, IF HELD.

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present 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 _____ 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

Attorney Registration No. _____

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Email Address

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

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

**AFFIDAVIT IN SUPPORT OF
APPLICATION FOR CHANGE OF NAME OF ADULT**
[R.C. 2717.06]

State of Ohio }
County of _____ } SS

The undersigned, in support of the Applicant's Application for Change of Name of Adult, deposes, says, and verifies the following:

Check all that apply:

- Applicant has been a bona fide resident of _____, 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 does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the 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

PROBATE COURT OF WOOD COUNTY, OHIO
DAVID E. WOESSNER, JUDGE

IN RE: THE NAME OF _____
Present Name

CASE NO. _____

JUDGMENT ENTRY-CHANGE OF NAME OF ADULT
[R.C. 2717.09]

On _____, an Application for Change of Name was reviewed by this Court. The Court finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the name as requested. Given the affidavit and information provided, the court finds notice by publication and a hearing not necessary.

The court finds the applicant's complete name at birth was _____.

Applicant's date of birth was _____ and the place of birth was

City County State

Therefore, it is **ORDERED** the name of _____
First Middle Last

be changed to _____
First Middle Last

Date David E. Woessner, Probate Judge

CERTIFICATION OF JUDGMENT ENTRY

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

David E. Woesser, Probate Judge

(Seal)

By: _____
Deputy Clerk

Date

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN RE: CHANGE OF NAME OF _____
(Present 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 _____ 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

Attorney Registration No. _____

Applicant's Signature

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Email Address

PROBATE COURT OF WOOD COUNTY, OHIO
DAVID E. WOESSNER, JUDGE

IN RE: THE NAME OF _____
Present Name

CASE NO. _____

JUDGMENT ENTRY-CHANGE OF NAME OF ADULT
[R.C. 2717.09]

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(Seal)

By: _____
Deputy Clerk

Date