

**PROBATE COURT OF GREENE COUNTY, OHIO**  
**THOMAS M. O'DIAM, JUDGE**

**IN THE MATTER OF THE NAME OF** \_\_\_\_\_  
Present Legal Name

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

**APPLICATION FOR CHANGE OF NAME OF MINOR**  
[R.C. 2717.02, 2717.03, 2717.13 and 2717.14]

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

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

Applicant's relationship to the minor is:

- Parent     Legal Guardian     Legal Custodian     Guardian ad Litem

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 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.  
An Affidavit in support of this Application is attached.

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All of the documentary evidence required by Local Rule also accompanies this Application.

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.