

# INSTRUCTIONS FOR CHANGE OF NAME OF AN ADULT

A person desiring to file an Application for Change of Name of an Adult must have been a bona fide resident of Hamilton County for at least **one year** immediately prior to the filing of said application.

Fill in **all** blanks except Case No. and hearing dates.

**A fee of \$100.00 is required at the time of filing.** Please confirm the amount with the Cashier since filing fees may have changed subsequent to the publication of this instruction sheet. **This fee must be paid in cash, money order, certified check (made payable to PROBATE COURT), MasterCard, Discover, or American Express. No personal checks will be accepted.**

**IMPORTANT INFORMATION ABOUT PUBLICATION:** Ohio Law requires that notice of the application shall be given once by publication in a newspaper of general circulation in the County at least thirty (30) days before the hearing on the application. The **NOTICE OF HEARING ON CHANGE OF NAME** is for this purpose. Unless you will be using the Cincinnati Court Index Press, the **NOTICE OF HEARING ON CHANGE OF NAME** will be returned to you so that you can deliver the Notice to the Cincinnati Enquirer, the Cincinnati Post or other eligible newspaper of your choosing for publication. If you choose to use the Cincinnati Court Index, you may leave the **NOTICE OF HEARING ON CHANGE OF NAME** with the Cashier and Cincinnati Court Index will pick up the notice. Regardless of the newspaper you choose, payment of the cost of such publication is your responsibility and you will receive a separate invoice for the publication costs directly from the newspaper. **If you choose to use the Cincinnati Court Index, the publication cost is \$25.00.** After publication is completed and you have paid the publication fees, the newspaper will send you a Proof of Publication and an Entry Approving Publication. **You must bring these documents with you to the hearing.**

**If the publication is not completed at least thirty (30) days prior to the hearing, the name change cannot be granted and re-publication will be required at additional cost and delay to you.**

The forms may be obtained from the Issue Desk on the 9<sup>th</sup> floor of the Probate Court, 230 East 9<sup>th</sup> Street, Cincinnati, Ohio or by downloading the forms from the web site.

## STEP 1: COMPLETE THE FOLLOWING FORMS

Application for Change of Name of Adult (21.0)

- Be sure to state your full legal name (first, middle and last) and full name requested after the change of name (first, middle and last).
- You must include your reasons for seeking a change of name.
- You must complete the Name Change Application Supplemental Affidavit (21.60)

Entry Setting Hearing and Ordering Notice (21.01)

- Fill in the caption only.
- The hearing date will be assigned by the magistrate

Notice of Hearing on Change of Name (21.5)

- Complete all the information requested, except the hearing date which will be filled in by the

magistrate.

- If publishing in the Cincinnati Court Index, the cashier will keep the notice. If not, the notice will be given back to you.

### **STEP 2: Assigning of Magistrate, reviewing of forms and setting of hearing**

When all forms have been completed, present them to the Magistrates' Assistant at the information desk on the 9<sup>th</sup> Floor of Probate Court for a magistrate to be assigned. All forms are then to be taken to a magistrate for review and setting of a hearing date.

### **STEP 3: FILING OF FORMS**

All forms must be filed with the cashier who will assign a case number.

The cashier will retain the Application for Change of Name of Adult and Judgment Entry Setting Hearing and Ordering Notice.

The cashier will also retain the Notice of Hearing on Change of Name if you will be using the Cincinnati Court Index.

At this time, the cashier will require the payment of the filing fee, which is currently **\$100.00**.

### **STEP 4: THE HEARING – WHAT TO BRING WITH YOU AND WHAT TO EXPECT**

Affidavit in Proof of Publication and Entry Approving Publication

- These documents will be provided by the newspaper after the publication is completed and you have paid the publication costs to the newspaper.

Judgment Entry – Change of Name of Adult (21.1)

- Fill in everything above the signature line for the Probate Judge.
- It is strongly recommended that this form be typewritten.
- This Entry is proof that you have legally changed your name and it is important that it be legible.

At the date and time of the hearing, you should report to the 9<sup>th</sup> floor of the Probate Court to the Magistrates' Assistant desk. Ask where to go for the hearing.

Give the magistrate the Judgment Entry – Change of Name of Adult, the Affidavit in Proof of Publication and the Entry Approving Publication from the newspaper, as well as proof that the publication charge has been paid.

The magistrate will ask you questions regarding the application and will decide whether to grant the name change.

Assuming the application is granted, you must then file the Judgment Entry – Change of Name of Adult, the Affidavit in Proof of Publication and the Entry Approving Publication with the cashier.

If you require certified copies of the JUDGMENT ENTRY – CHANGE OF NAME OF ADULT for Social Security, school, or other purposes the cashier will make the copies of the entry and certify the copies at a cost of \$1.10 each.

You must send a certified copy of the JUDGMENT ENTRY- CHANGE OF NAME OF ADULT to the Bureau of Vital Statistics of the State that maintains your birth record.

If you would like to obtain a new birth certificate and were born in Ohio, send the certified copy of the Judgment Entry along with \$21.50 to:

Bureau of Vital Statistics  
246 North High Street  
P.O. Box 15098  
Columbus, Ohio 43215-0098  
(614) 466-2531

**Local Departments:**

**Born within city of Cincinnati limits**

Cincinnati Department of Health  
Division of Vital Statistics  
1525 E. Elm Street  
Cincinnati, Ohio 45210  
(513) 352-2912

**Born outside city limits but in Hamilton County**

Hamilton County Department of Health  
Division of Vital Statistics  
250 William Howard Taft Road 2<sup>nd</sup> Floor  
Cincinnati, Ohio 45219  
(513) 946-7800

**Born within city of St. Bernard limits**

St. Bernard City Hall  
110 Washington Street  
St. Bernard, Ohio 45217  
(513)242-7772

**Born within city of Reading limits**

City of Reading Health Department  
1000 Market Street  
Reading, Ohio 45215  
(513)733-3725

**Born within city of Norwood limits**

Norwood Health Center  
2059 Sherman Avenue  
Norwood, Ohio 45212  
(513)458-4600

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

**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 has been a bona fide resident of \_\_\_\_\_ County, Ohio, for at least one year 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 days before the hearing on this application.

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

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

**RE: CHANGE OF NAME**

**OF:** \_\_\_\_\_

**TO:** \_\_\_\_\_

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

**NAME CHANGE APPLICATION SUPPLEMENTAL AFFIDAVIT  
(O.R.C. §2717.01)**

State of Ohio, Hamilton County: SS

The undersigned Applicant for the change of name in this matter, being first duly cautioned and sworn does depose and say that the following statements are true with respect to the Applicant, or with respect to the person on whose behalf the change of name has been requested, if that person is a minor:

1. The person for whom a change of name is being requested does not have a duty to comply with the Sexual Offender Registration and Notification (SORN) Law because of having been convicted of, pleading guilty to, or being adjudicated a delinquent child for having committed a **sexually oriented offense** or a **child-victim offense** as both are defined in ORC § 2950.01;
  
2. The person for whom a change of name is being requested has not been convicted of, plead guilty to, or been adjudicated a delinquent child for having committed **identify fraud** as defined in ORC §2913.49;

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
(Printed Name)

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

**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 required by law.

\_\_\_\_\_  
James Cissell, Probate Judge

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

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSEL, JUDGE**

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

**NOTICE OF HEARING ON CHANGE OF NAME**

[R.C. 2717.01]

Applicant hereby gives notice to all interested persons and to \_\_\_\_\_,  
(Necessary person whose address is unknown)  
whose last known address is \_\_\_\_\_,  
that the applicant has filed an Application for Change of Name in the Probate Court of Hamilton  
County, Ohio requesting the change of name of \_\_\_\_\_  
to \_\_\_\_\_  
The hearing on the application will be held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M. in the Probate Court of Hamilton County, located at 230 E. Ninth  
Street, Room \_\_\_\_\_, Cincinnati, Ohio.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Note to Publisher: The above legal notice including the caption is to be published once in its entirety. Costs are to be paid by applicant and an Affidavit of Publication is to be furnished to applicant.

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, 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 Cissell, 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 Cissell, Probate Judge/Clerk

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

\_\_\_\_\_  
Date