

## 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 is required at the time of filing. Current Court Costs are posted at:**

<https://www.probatect.org/about/general-resources>.

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, American Express, or Visa. 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. If you use the Cincinnati Court Index Press the **NOTICE OF HEARING ON CHANGE OF NAME** will be left with the cashier and the Cincinnati Court Index Press will pick up the notice. The Cincinnati Court Index Press will be paid directly by the Court from the initial filing fees for this case. After publication is completed, the Cincinnati Court Index Press will send the Court a Proof of Publication and an Entry Approving Publication. If you choose another newspaper for publication it is your responsibility to send them the **NOTICE OF HEARING ON CHANGE OF NAME**, pay the publication cost and bring the Proof of Publication and the Entry Approving Publication with you to your 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 our Web site, <http://www.probatect.org>.

<b>STEP 1: COMPLETE THE FOLLOWING FORMS</b>
Application for Change of Name of Adult (Form 21.00) <ul style="list-style-type: none"><li>- Be sure to state <u>your full legal name</u> (first, middle and last) and <u>full name requested</u> after the change of name (first, middle and last).</li><li>- You must include your reasons for seeking a change of name.</li></ul>
Entry Setting Hearing and Ordering Notice (Form 21.01) <ul style="list-style-type: none"><li>- Fill in the caption only.</li><li>- The hearing date will be assigned by the Magistrate</li></ul>
Notice of Hearing on Change of Name (Form 21.50) <ul style="list-style-type: none"><li>- Complete all the information requested, except the hearing date which will be filled in by the Magistrate.</li></ul>

**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 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.” If you will be using the Cincinnati Court Index, the Cashier will also retain the Notice of Hearing on Change of Name. At this time, the Cashier will require the payment of the filing fee.

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

Judgment Entry – Change of Name of Adult (Form 21.10)

- 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 is 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 Information Desk. The Clerk will inform you of the courtroom number. Give the Magistrate the Judgment Entry – Change of Name of Adult. 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.

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 for a nominal cost. 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 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 within City of St. Bernard limits**

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

**Born within City of Norwood limits**

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

**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 Reading limits**

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

## OBTAINING THE AMENDED BIRTH RECORD

The court will be submitting your paperwork directly to the Bureau of Vital Statistics (ODH/VS) for processing. Once the court paperwork has been received by our office, it will take approximately **three to four** weeks to amend your certificate and have it available for purchasing.

**FOR NAME CHANGES:** You will need to send a certified copy of the entry approving the name change to Bureau of Vital Statistics (ODH/VS) for processing. Please **DO NOT** send applications for amended certificates with money/payment with your court paperwork. Please allow time to process the corrections to make the request.

Below are the three ways that a certificate can be purchased. Please do not place an order for a certificate if you have not allowed at least 30 days for processing. You can confirm if the change has been completed by calling the Vital Statistics **Customer Service** line at 614-466-2531 prior to placing your order.

### Local Health Department

A birth certificate can be purchased from any local health department for persons born in Ohio. It is not restricted to where the birth occurred. Below is the information for the local health department(s) in your county. Please contact the office directly to verify how an order can be placed, the cost and whether the office is available for same day service. Certificates will be available for issuance after allowing 30 days for processing.

Hamilton County General Health Dist 250 William Howard Taft Rd, 2 <sup>nd</sup> Floor Cincinnati, OH 45219 <b>Phone:</b> (513) 946-7800	Cincinnati Health Dept., Office of Vital Records 1525 Elm St., 4 <sup>th</sup> Floor Cincinnati, OH 452020 <b>Phone:</b> (513) 352-3120	Norwood City Health Department 2059 Sherman Ave Norwood, OH 45212 <b>Phone:</b> (513) 458-4600
--	---	---

### Online

Ordering a birth record through the ODH/VS online portal is the fastest way to obtain a certificate. Most orders are filled within five business days and go out first class mail. Each certificate is \$21.50 and can be ordered using credit card. Please go to the following website to place your order after allowing 30 days for processing.

<https://odhgateway.odh.ohio.gov/OrderBirthCertificates/>

### Via Mail – USPS

Customers can also apply for a new certificate via mail. These requests go directly to the ODH/VS office and take approximately two to three weeks to fulfill. Applications should not be sent until four weeks after the paperwork was mailed by the court. A check or money order can be made payable to “Treasurer, State of Ohio” for \$21.50 for each birth certificate requested. Applications can be found online at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/vital-statistics/How-to-Order-Certificates> and can be mailed to the address below with the appropriate payment for copies.

Ohio Department of Health  
Bureau of Vital Statistics  
P.O. Box 15098  
Columbus, Ohio 43215-0098

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, 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 (30) days before the hearing on this application.

The applicant states that the applicant

- 1) \_\_\_\_\_  has  has not been convicted of, pleaded guilty to, or been adjudicated a delinquent  
initials child for identity fraud.
  
- 2) \_\_\_\_\_  has a  has no duty to comply with R.C. 2950.04 or R.C. 2950.041 because the  
initials applicant was convicted of, pled guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense.

\_\_\_\_\_  
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  
RALPH WINKLER, 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.

\_\_\_\_\_  
Ralph Winkler, Probate Judge

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

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, 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  
RALPH WINKLER, 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 \_\_\_\_\_

\_\_\_\_\_  
Ralph Winkler, 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.

Ralph Winkler, Probate Judge/Clerk

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

\_\_\_\_\_  
Date