

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 **60 days** 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>.

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: Beginning August 17, 2021, Ohio Law no longer requires that applications to Change Name be set for formal hearing. However, a hearing may still be required in the Court's discretion. If a hearing is requested by the Court, the application will be set for hearing at a future date and publication of notice may be required in a newspaper of general circulation in the County at least thirty (30) days before the hearing on the application. Otherwise, the application will be considered by the Magistrate who reviews the documents.

If publication is required, you will use the **NOTICE OF HEARING ON CHANGE OF NAME** 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 the newspaper 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 Information Desk on the 9th floor of the Probate Court, 230 East 9th Street, Cincinnati, Ohio or by downloading the forms from our Web site, <http://www.probatect.org>.

STEP 1: COMPLETE THE FOLLOWING FORMS
Application for Change of Name of Adult (Form 21.00) <ul style="list-style-type: none">- 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).- If applicant is currently using a married name include first, middle, maiden and married names. Ex. Jane Doe Smith (maiden) Jones (married)- You must include your reasons for seeking a change of name.
Affidavit in Support of Application (Form 21.01) <ul style="list-style-type: none">- Be sure to have it notarized or sign it in front of a clerk at the Court.
Entry Dispensing with hearing (Form 121.12) <ul style="list-style-type: none">- Complete this form if no hearing is required.
Judgement Entry Without Hearing Required (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 be legible.

IF A HEARING IS REQUIRED, COMPLETE THE FOLLOWING EXTRA FORMS

Entry Setting Hearing and Ordering Notice (Form 21.03)

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

Notice of Hearing on Change of Name (Form 21.50) – If publication is required

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

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 9th Floor of Probate Court for a Magistrate to review (and setting of a hearing date if required).

STEP 3: FILING OF FORMS

All forms must be filed with the Cashier who will assign a case number. If Publication is required, 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 9th 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 along with a fee (contact Vital Statistics to see what the current cost is) 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, 2nd 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

LEGAL PRACTICE IN THE PROBATE COURT IS RESTRICTED BY LAW TO ATTORNEYS WHO ARE LICENSED BY THE SUPREME COURT OF OHIO. IF AN INDIVIDUAL WISHES TO HANDLE HIS OR HER OWN CASE, THAT PERSON MAY ATTEMPT TO DO SO, HOWEVER DUE TO THE COMPLEXITY OF THE LAW AND DESIRE TO AVOID COSTLY ERRORS, MOST INDIVIDUALS WHO HAVE MATTERS BEFORE THE COURT ARE REPRESENTED BY AN ATTORNEY.

IF YOU CHOOSE TO REPRESENT YOURSELF AND USE THE COURT'S FORM, PLEASE BE ADVISED THAT STATE LAW PROHIBITS THE JUDGE, MAGISTRATE, AND EMPLOYEES OF HAMILTON COUNTY PROBATE COURT FROM PROVIDING YOU WITH LEGAL ADVICE OR ADDITIONAL ASSISTANCE, YOU WILL NEED TO CONTACT AN ATTORNEY OF YOUR CHOOSING.

OBTAINING THE AMENDED BIRTH RECORD

FOR NAME CHANGES OR CONFORMED NAMES: You will need to send a certified copy of the entry approving the name change to Bureau of Vital Statistics (ODH/VIS) 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 nd Floor Cincinnati, OH 45219 Phone: (513) 946-7800	Cincinnati Health Dept., Office of Vital Records 1525 Elm St., 4 th Floor Cincinnati, OH 45202 Phone: (513) 352-3120	Norwood City Health Department 2059 Sherman Ave Norwood, OH 45212 Phone: (513) 458-4600
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Online

Ordering a birth record through the ODH/VIS 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/VIS 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 First Name) (Present Middle Name) (Present Last Name)

TO _____
(Requested First Name) (Requested Middle Name) (Requested Last 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 Hamilton 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 HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN RE: CHANGE OF NAME OF _____
(Present First Name) (Present Middle Name) (Present Last Name)

TO _____
(Requested First Name) (Requested Middle Name) (Requested Last Name)

CASE NO. _____

JUDGMENT ENTRY SETTING HEARING AND ORDERING NOTICE

[R.C. 2717.08 and 2717.14]

The Court sets the Application for Change of Name in this case for hearing on _____, 20____, at _____ . M.

The Court orders the Applicant to serve a Notice of Hearing in the following manner on all necessary parties who have not waived notice:

- By Certified Mail, return receipt requested
- By personal service
- By publication once in a newspaper of general circulation in this county at 30 days before the hearing
- Other: _____

Applicant shall file proof of service with the Court before the hearing.

Ralph Winkler, Probate Judge

By: _____
Deputy Clerk

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN RE: CHANGE OF NAME OF _____
(Present First Name) (Present Middle Name) (Present Last Name)

TO _____
(Requested First Name) (Requested Middle Name) (Requested Last Name)

CASE NO. _____

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

On _____, an Application for Change of Name was heard 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.

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

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

(Seal)

By: _____
Deputy Clerk

Date

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN RE: CHANGE OF NAME OF _____
(Present First Name) (Present Middle Name) (Present Last Name)

TO _____
(Requested First Name) (Requested Middle Name) (Requested Last Name)

CASE NO. _____

**ENTRY DISPENSING WITH HEARING
ON APPLICATION TO CHANGE OR CONFORM NAME**

The Court orders a hearing be dispensed with in this matter.

Ralph Winkler, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN THE MATTER OF: _____

CASE NO. _____

SELF-REPRESENTATION ACKNOWLEDGMENT

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court has recommended that I hire an attorney to represent me in this case. However, I have chosen to proceed with this case without the assistance of an attorney.

2. The Court and its Deputy Clerks are prohibited by law from providing legal advice. I will follow the instructions provided in the form packets and on the Court's website, www.probatect.org.

3. I am responsible for understanding and correctly applying any statutes, case law, rules, regulations, policies, and procedures that relate to this case, including, but not limited to, the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Hamilton County Probate Court Local Rules of Practice, and the Ohio Rules of Civil Procedure.

4. The same standards that apply to attorneys and persons represented by attorneys in similar probate hearings will apply to myself.

5. If I do not fulfill my responsibilities in this case as required by law, I may be subject to sanctions or penalties as provided by law, which may include removal as fiduciary or being required to be represented by an attorney.

6. I may be personally liable to any person or entity that suffers damages as a result of anything I or fail to do in this case that does not comply with the legal requirements.

Fiduciary/Applicant/Guardian

Typed Printed Name

Address

City/State/Zip

Telephone Number (include area code)

Email