#### INSTRUCTIONS FOR CHANGE OF NAME OF A MINOR

An application may only be filed if the minor has been a resident of Hamilton County for at least <u>60 days</u> prior to the filing of said application. The applicant must be either a parent, legal custodian, or a legal guardian.

You must present a certified copy of the minor's birth certificate at the time of the Application to Change Name is filed. If filing as the legal custodian, or legal guardian, you must provide a certified copy of the Court Order of Appointment.

Fill in <u>all</u> blanks except Case No. and hearing dates.

A fee is required at the time of filing. Current Court Costs are posted at: <a href="https://www.probatect.org/about/general-resources">https://www.probatect.org/about/general-resources</a>.

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 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.

#### STEP 1: COMPLETE THE FOLLOWING FORMS

Application for Change of Name of Minor (Form 21.20)

- Be sure to state the minor's 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.
- A copy of the minor's birth certificate, which was certified and shown to the Court, is attached.

Affidavit in Support of Application (Form 21.02)

- Be sure to have it notarized or sign it in front of a clerk at the Court.

#### Consent to Change of Name (Form 21.40)

- As long as both parents sign the Consent to the name change, there is no requirement for a hearing.
- One of these forms must be completed by **each** parent and filed with the Court.

#### Entry Dispensing with hearing (Form 121.12)

- Complete this form if both parents have signed the Consent to the Name Change and no hearing is required.

#### Judgement Entry Without Hearing Required (Form 21.30)

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

### IF ONE OF THE PARENTS IS UNABLE OR UNWILLING TO SIGN THE CONSENT OR 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)

- Complete all the information requested, except the hearing date which will be filled in by the Magistrate.
- Complete the name and last known address of the necessary person whose address is unknown.
- If publishing in the Cincinnati Court Index Press, the Cashier will keep the notice. If not, the notice will be given back to you. You will be responsible for delivering the Notice form to the newspaper that you have selected to complete the publication.

#### Notice to Parent (Form 21.21)

- This form must be completed if a parent has failed to complete and sign the Consent to Change of Name.
- The Applicant must forward this Notice to the non-consenting parent by certified mail, return receipt not later than seven days before the hearing.
- The return receipt (green card) showing delivery must be attached to a copy of the notice and presented to the Court at the hearing. An Affidavit in Proof of Service will also be required.
- If the certified mail comes back to you "Unclaimed", you must mail a copy of the Notice to Parent form to the parent by ordinary mail. Make a note of what date you mailed the Notice by ordinary mail, you will need this date for the hearing.

#### Affidavit for Unknown Address of a Parent (Form 116.40)

- This form must be completed if the address of one of the parents is unknown and service of the hearing date cannot be provided.

#### STEP 2: APPROVAL OF FORMS AND SETTING OF HEARING DATE

When all forms have been completed, present them to the Information Desk on the 9<sup>th</sup> 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 Minor, Judgment Entry Setting Hearing and Ordering Notice, and the Consent to Change of Name, if applicable. The Cashier will also retain the Notice of Hearing

on Change of Name if you will be using the Cincinnati Court Index Press. 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

Consent to Change of Name (if not previously filed) (Form 21.40)

Notice to Parent (if sent to parent) (Form 21.21)

- Return copy with certified mail green card attached, along with Affidavit in Proof of Service (H.C. Form 200.10)
- The Affidavit can be obtained at the Information Desk prior to your hearing.

Judgment Entry – Change of Name of Minor (Form 21.30)

- 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 Information Desk. The minor child must be present. Give the Magistrate the Judgment Entry – Change of Name of Minor. You should also present the Consent to Change of Name and/or Notice to Parent. 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 Minor, and the Consent and/or Notice of Parent with the Cashier.

If you require certified copies of the JUDGMENT ENTRY – CHANGE OF NAME OF MINOR for Social Security, school, or other purposes, the cashier will make the copies of the entry and certify the copies at a nominal cost. You must send a certified copy of the JUDGMENT ENTRY- CHANGE OF NAME OF MINOR to the Bureau of Vital Statistics of the State that maintains the birth record.

For births that occurred in **Ohio**, the certified copy of the Judgment Entry, along with the fee (contact Vital Statistics for the current cost), should be mailed 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

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 INDIVIDUALSWHO HAVE MATTERS BEFORE THE COURT ARE REPRESENTED BY AN ATTORNEY.

IF YOU CHOOSE TO REPESENT 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**

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 OR CONFORMED NAMES: 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

Phone: (513) 946-7800

Cincinnati Health Dept., Office of Vital Records

1525 Elm St., 4<sup>th</sup> Floor Cincinnati, OH 452020

**Phone:** (513) 352-3120

Norwood City Health Department

2059 Sherman Ave Norwood, OH 45212 **Phone:** (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 <a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/vital-statistics/How-to-Order-Certificates">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/vital-statistics/How-to-Order-Certificates</a> 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

IN RE: CHANGE OF NAME O		
то	(Present First Name) (Present Midd	le Name) (Present Last Name)
(Requested First Name)  CASE NO.	(Requested Middle Name)	(Requested Last Name)
CASE NO.		
APPLICATION	FOR CHANGE OF N	AME OF MINOR
	-	
Applicant is the Parent L	.egal Guardian ∐Legal Custo	odian ⊡Guardian ad Litem of the
minor. The minor has been a b	ona fide resident of this count	y for at least 60 days immediately
prior to the filing of this Applica	tion. Applicant requests a cha	nge of name of the minor from:
First	Middle	Last
To	Middle	Last
1 1131	Made	Last
The reason for requesting this	name change is:	
A certified copy of the minor's k	pirth certificate is attached.	
The name and address of pare	nt 1 of the minor is:	
•		
Name		
Address		
City, State, Zip Code		
7, 7, 1, 2		
☐ The waiver of Notice	ce of Hearing and Consent	of Parent 1 accompanies this
Application.		
☐ Applicant states that	the address of Parent 1 is u	nknown. Applicant has exercised
all due diligence and m	nade every reasonable effort	to find the current address bu
cannot locate this individ	lual.	

Name							
Address							
City, Sta	City, State, Zip Code						
☐ Th	☐ The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged fathe						
accom	accompanies this Application.						
☐ Ap	$\square$ Applicant states that the address of Parent 2 or the alleged father is unknown						
	ant has exercised and address but cann	_		very reasonable effo	ort to find the		
☐ Th	ere is no person al	leged to be th	ne father/Parent	2 of the minor.			
The Applicant		Hearing on an		parent or alleged fathe	r as the Court		
requires pursu	uant to R.C. 2717.14.						
Attorney for A	pplicant	<del></del>	Applicant's	Signature			
Typed or Print	ted Name		Typed or Pr	inted Name			
Address			Address				
City	State	Zip	City	State	Zip		
Telephone Nu	ımber (include area c	code)	Telephone I	Number (include area d	code)		
Email Address	<u> </u>		Email Addre	ess			
Attorney Regi	stration No						

IN RE: CHANGE OF NAME OF		· · · · · · · · · · · · · · · · · · ·	
то	(Present First Name)	(Present Middle Name)	(Present Last Name)
(Requested First Name)  CASE NO.	(Requested Middle Na	ame) (Re	equested Last Name)
		OF APPLICATION OF MINOR	_
State of Ohio	}		
County of Hamilton	} SS }		
The undersigned, in support of	f the Applicant's A	pplication for Chan	ge of Name of Minor,
deposes, says, and verifies the t	following:		
Check all that apply:			
1. Applicant is the Pa	arent	ırdian 🔲Legal Cus	todian
Litem of the minor.			
2. The minor has been a	a bona fide resident	of Hamilton County	, Ohio for at least sixty
(60) days immediately pri	or the filing of the A	pplication;	
<ol> <li>The application is no obligations;</li> </ol>	t made for the ρι	irpose of evading	any creditors or other
4. The minor has not be	en adjudicated a de	linquent child for ide	entity fraud;
5. The minor does not	have a duty to con	mply with R.C. 295	0.04 or R.C 2950.041
because the minor was No oriented offense or a child	•	•	ving committed sexually
Any other information relevant to		•	
All documentary evidence subm	itted with the Applic	ation is true, accura	ite, and complete.
	Ā	applicant	
Sworn to before me and subscrib	ed in my presence t	:he day of	,

Notary Public / Deputy Clerk

IN RE: CHANGE OF NAME OF			
-	(Present First Name)	(Present Middle Name)	(Present Last Name)
(Requested First Name)			
		Name) (Red	uested Last Name)
CASE NO			
CONSI	_	IGE OF NAME	
	[R.C 2717.	14]	
The undersigned,			
[check one of the following 2 c	apacities by whi	ch your consent i	s given]
☐ Parent			
☐ Alleged Fat	ther		
hereby waives notice of the hear	ring on the Applic	ation for Change o	of Name and consents to
the change of name of		_	
to			
as proposed in the Application.			
as proposed in the Application.			
Sworn to before me and signed in	n my presence this	s day of	,
	-	Domestic Cloric/Notes	v Dublic
	L	Deputy Clerk/Notar	y Public

IN RE: CHANGE OF NAME OF			
-	(Present First Name)	(Present Middle Name)	(Present Last Name)
(Requested First Name)			
		Name) (Red	uested Last Name)
CASE NO			
CONSI	_	IGE OF NAME	
	[R.C 2717.	14]	
The undersigned,			
[check one of the following 2 c	apacities by whi	ch your consent i	s given]
☐ Parent			
☐ Alleged Fat	ther		
hereby waives notice of the hear	ring on the Applic	ation for Change o	of Name and consents to
the change of name of		_	
to			
as proposed in the Application.			
as proposed in the Application.			
Sworn to before me and signed in	n my presence this	s day of	,
	-	Domestic Cloric/Notes	v Dublic
	L	Deputy Clerk/Notar	y Public

N RE: CHANGE OF NAME OF			
	(Present First Name)	(Present Middle Name)	(Present Last Name)
ГО			
(Requested First Name)	(Requested Midd	le Name) (R	equested Last Name)
CASE NO.			
FNTRY DIS	PENSING W	ITH HEARIN	IG
ON APPLICATION	TO CHANGE	OR CONFO	RM NAME
a Count and and a backing backi	an ana ad with in	thic matter	
ne Court orders a hearing be di	spensea with in	ınıs matter.	
		Ralph Winkler, Pi	obate Judge

IN RE: CHANGE OF NAME OF	F	(December 1 Middle March	(Daniel Land Name)
το	(Present First Name)	(Present Middle Name)	(Present Last Name)
(Requested First Name)		Name) (R	equested Last Name)
CASE NO			
IDGMENT ENTRY SET	TTING HEADIN	NG AND ODI	SEDING NOTIC
DGWILINI LINIKI 3LI	[R.C. 2717.08 and 27		DEKING NOTIC
Γhe Court sets the Application	on for Change of	Name in this c	ase for hearing or
, 20	_, at	M.	
The Court orders the Applicant necessary parties who have no		Hearing in the fol	lowing manner on al
By Certified Mail, return recei	pt requested		
By personal service			
By publication once in a news	paper of general circu	ılation in this count	y at 30 days before
Other:			
Namii	with the Count hafan	a Ala a la a suiva su	
Applicant shall file proof of service	with the Court before	e the nearing.	
	Ral	ph Winkler, Probat	e Judge
	By:		
		puty Clerk	

IN RE: CHANGE OF NAME OF _			
IN RE: CHANGE OF NAME OF _	(Present First Name)	(Present Middle Name)	(Present Last Name)
(Requested First Name)	(Decree et al Nai dell'	Name (De	
CASE NO.	(Requested Middle	e Name) (Re	quested Last Name)
NO	TICE TO PA	RENT	
To:			
You, as the living parent of			, a minor, are
hereby notified that on the	day of		an application was
filed on behalf of said minor, to	_	_	
to			
The matter has been set for heari	ng on the	day of	, a
o'clockM. in Room	, in the H	amilton County Pro	bate Court, in the
William Howard Taft Center, 230 E	East Ninth Street	, Cincinnati, Ohio 4	.5202-2145, before
Magistrate			
		Applicant	

IN THE MATTER OF

IN T	HE MATTER OF(Present First Name) (	Present Middle Name)	(Present Last Name)	, MINOR
	SE NO	resent middle reame)	(Fresent Last Name)	
	AFFIDAVIT FOR UNKNOW	/N ADDRES	S OF A PAR	ENT
STA	TE OF OHIO, COUNTY OF HAMILTON,	SS.		
addr	The undersigned, being first duly causes of		•	•
	reasonable diligence and that			
	bility other than minority.			
	Affiant has attempted to locate	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	[check whichever apply]:			
	Mailed correspondence to the last know	wn address that	was returned unde	eliverable.
	Personally went to the last known add	dress and verifie	d that he/she no	longer lived at
	said address.			
	Contacted relative(s).			
	Contacted friend(s).			
	Contacted current employer or last em	ployer.		
	Contacted his/her doctor's or dentist's	office.		
	Contacted CSEA (Child Support Enforce	cement Agency)		
	Other			
		Affiar	nt	
Swo	rn to before me and in my presence this _	day of		
		-		
		Denu	ty Clerk/Notary Pu	

IN RE: CHANGE OF NAME OF				
		e) (Present Middle		
(Requested First Name)	(Requested M	iddle Name) (	Requested Last Na	ame)
CASE NO.		(		
NOTICE OF H	EARING ON [R.C. 2717.08 and		F NAME	
Applicant gives notice that the Applic	cant has filed an	Application for Cha	ange of Name	in this Cour
requesting the change of name of _	(First)	(Middle)		(Last)
	(Middle)	. ,		. ,
A hearing on the Application will be	held on		(Las	
at o'clock M. in	the Probate Cou	rt of Hamilton Cou	nty, located at	230 E. Nintl
Street, Room, Cincinn	nati, Ohio.			
		Applicant's Signat	ure	
		Typed or Printed I		
		Address		
		City	State	Zip
		Email Address		

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.

(Present First Name) (F	Present Middle Name)	(Present Last Name)
, , ,	•	,
(Requested Middle Nar	ne) (Req	uested Last Name)
	NG NAME O	F MINOR
Application for Char	ge of Name of N	ninor was heard by this
arties entitled to noti	ce, i.e., legal pa	rents, parent, father, o
d notice of hearing a	nd consented to	the Application or were
ject to the Applicati	on. The Court fi	nds that Applicant has
acts in the Applicatio	n show reasonab	ole and proper cause for
quested.		
lete name at birth wa	ıs	
	ar	nd the place of birth was
County		State
ne of		
First	Middle	Last
Middle		Last
Ralp	h Winkler, Proba	te Judge
CATION OF JUDO	MENT ENTR	Y
/ - Change of Name α cords of this Court.	of Minor is a true	copy of the original
Ralph	Winkler, Probate	Judge
By: Deput	y Clerk	
 Date		
	County  County	(Requested Middle Name) (Requested Middle Name)  (Requested Middle Name) (Requested Name of Na

	THE MATTER OF:	
CASE	ASE NO	
	SELF-REPRESENTATION ACKNOW	LEDGWIEN
I ackn	icknowledge that I have read, understand and agree with all of t	he following statements:
1.	The Court has recommended that I hire an attorney to represent However, I have chosen to proceed with this case without the asset to proceed with the case without the asset to proceed with this case without the asset to proceed with the	
2.	<ol> <li>The Court and its Deputy Clerks are prohibited by law from provided in the form packets and on the Court www.probatect.org.</li> </ol>	
3.	<ol> <li>I am responsible for understanding and correctly applying any s regulations, policies, and procedures that relate to this case, inc the Ohio Revised Code, Rules of Superintendence for the Court Hamilton County Probate Court Local Rules of Practice, and the Procedure.</li> </ol>	luding, but not limited to, is of Ohio,
4.	4. The same standards that apply to attorneys and persons repres similar probate hearings will apply to myself.	ented by attorneys in
5.	<ol> <li>If I do not fulfill my responsibilities in this case as required by law sanctions or penalties as provided by law, which may include re being required to be represented by an attorney.</li> </ol>	
6.	6. I may be personally liable to any person or entity that suffers day anything I or fail to do in this case that does not comply with the	
	Fiduciary/Applicant/Guardian	
	Typed Printed Name	
	Address	
	City/State/Zip	
	Telephone Number (include a	area code)
	Email	