

**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.** \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF APPLICATION  
FOR CHANGE OF NAME OF ADULT**

[R.C. 2717.06]

State of Ohio                                 }  
  }  
County of Hamilton                        } SS  
  }

The undersigned, in support of the Applicant's Application for Change of Name of Adult, deposes, says, and verifies the following:

Check all that apply:

1. ☐ Applicant has been a bona fide resident of Hamilton County, Ohio for at least sixty (60) days immediately prior the filing of the Application;
2. ☐ The application is not made for the purpose of evading any creditors or other obligations;
3. ☐ Applicant is not a debtor in any currently pending bankruptcy proceedings;
4. ☐ Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud;
5. ☐ Applicant does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the Applicant was NOT convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed sexually oriented offense or a child-victim- oriented offense;

Any other information relevant to the Application \_\_\_\_\_

\_\_\_\_\_  
All documentary evidence submitted with the Application is true, accurate, and complete.

\_\_\_\_\_  
Applicant

Sworn to before me and subscribed in my presence the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public / Deputy Clerk