

**PROBATE COURT OF BUTLER COUNTY, OHIO  
JOHN M. HOLCOMB, JUDGE**

**IN RE: CHANGE OF NAME OF** \_\_\_\_\_  
(Present Name)

**TO** \_\_\_\_\_  
(Requested 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 Butler 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