# PROBATE COURT OF BUTLER COUNTY, OHIO

# JOHN M. HOLCOMB, JUDGE

**IN RE: THE NAME OF**_____
**(Present Name)**

**TO**_____
**(Requested Conformed Legal Name)**

**CASE NO.** _____

## AFFIDAVIT IN SUPPORT OF APPLICATION TO CONFORM LEGAL NAME OF MINOR

**[R.C. 2717.06]**

*State of Ohio* }
} *SS*
*County of Butler* }

The undersigned, in support of the Application to Conform Legal Name of Minor, deposes, says, and verifies the following.

Check all that apply:

1. ☐ Applicant has personal knowledge of the facts stated in this Affidavit;

2. ☐ The minor has been a bona fide legal resident of this county for a period of at least 60 days;

3. ☐ The Application is not being made for the purpose of evading any creditors or other obligations;

4. ☐ The minor is not a debtor in any currently pending bankruptcy proceeding;

5. ☐ All documentary evidence submitted with the Application is true, accurate, and complete.

The Applicant certifies under penalty of perjury that the statements in this Affidavit are accurate and complete.

_____ _____
Date Applicant

*Sworn to before me and subscribed in my presence the* _____ *day of* _____

_____
Notary Public/Deputy Clerk

_____
Typed or Printed Name

Commission Expiration Date_____



PRINT