

COSHOCTON COUNTY PROBATE COURT
426 MAIN STREET
COSHOCTON, OHIO 43812
740-622-1837
www.coshoctoncounty.net/agency/probate

LOCAL RULE 75.14 NAME CHANGES

- (A) A certified copy of the birth certificate must be filed.
- (B) If the name change is for a minor consent from both parents is required. If a parent's address is unknown diligent efforts need to be made by the U.S. Postal Service (regular mail and certified mail) and by Notice of Publication.
- (C) Notice of Publication needs to be published in a newspaper of general circulation at least thirty (30) days prior to the hearing date.
- (D) Notice of Publication needs to be filed prior to the hearing date.
- (E) Fees and costs related to name changes shall not be waived.
- (F) Applicant shall be responsible for publication and associated costs.

OHLEG Forms

Court costs \$118.50

Applicant shall contact Coshocton Beacon or Coshocton Tribune for publication costs (around \$45.00)

**PROBATE COURT OF COSHOCTON COUNTY, OHIO
VAN BLANCHARD II, JUDGE**

IN RE: CHANGE OF NAME OF: (Present Name) _____

TO: (Name Requested) _____

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 Coshocton 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

Email Address

Attorney Registration No. _____

Applicant's Signature

Typed or Printed Name

Address

City State Zip

() _____
Telephone Number

Email Address

**PROBATE COURT OF COSHOCTON COUNTY, OHIO
VAN BLANCHARD II, JUDGE**

- TRANSFER OF STRUCTURED SETTLEMENT OF
- TRANSFER OF MINOR SETTLEMENT OF
- GUARDIANSHIP OF
- TRUST OF
- ESTATE OF
- NAME CHANGE OF _____

CASE NO. _____

CONSENT AND RELEASE

I hereby give consent and permission to the Coshocton County Probate Court to obtain all information pertaining to me in the files of The Ohio Courts Network and/or Ohio Law Enforcement Gateway (OHLEG) for the purposes of the above captioned matter.

I hereby release The Ohio Courts Network, OHLEG and any and all of their employees, personnel, and other individuals providing information pursuant to this request from all liability in connection with the dissemination of such information to the Court.

Further, I executed an Applicant Information Form and I have been advised that this information will not be made public. However, information received from the Ohio Courts Network and/or OHLEG may be made part of the Court's case record and a public document after notice and an opportunity for a hearing has been given to me.

Applicant's Signature

Date

Applicant's Printed Name

**PROBATE COURT OF COSHOCTON COUNTY, OHIO
VAN BLANCHARD II, JUDGE**

- TRANSFER OF STRUCTURED SETTLEMENT OF:
- TRUST OF:
- NAME CHANGE OF:
- GUARDIANSHIP OF:
- ESTATE OF:

CASE NO. _____

APPLICANT INFORMATION
(PLEASE NEATLY PRINT OR TYPE)

NAME: _____
 First Middle Last

ADDRESS: _____
 Street

 City State Zip Code

TELEPHONE: _____
 Home # Work # Cell #

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

Applicant's Signature Date

Applicant's Printed Name

**THIS FORM IS NOT A PUBLIC RECORD AND WILL NOT BE MAINTAINED
WITH THE CASE FILE IMAGED ON THE COURT'S WEBSITE.**

**PROBATE COURT OF COSHOCTON COUNTY, OHIO
VAN BLANCHARD II, JUDGE**

IN RE: CHANGE OF NAME OF: (Present Name) _____

TO: (Name Requested) _____

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 least 30 days before the hearing
- Other: _____

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

Date

Probate Judge

**PROBATE COURT OF COSHOCTON COUNTY, OHIO
VAN BLANCHARD II, JUDGE**

IN RE: CHANGE OF NAME OF: (Present Name) _____

TO: (Name Requested) _____

Case No. _____

NOTICE OF HEARING ON CHANGE OF NAME

[R.C. 2717.08 and 2717.14]

Applicant gives notice that the Applicant has filed an Application for Change of Name in this Court

requesting the change of name of _____
First Middle Last

to _____
First Middle Last

A hearing on the Application will be held on _____, 20____, at _____ o'clock ____ M.

in the Probate Court of Coshocton, County, located at 426 Main Street, Coshocton, Ohio 43812.

Applicant's Signature

Typed or Printed Name

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.

**PROBATE COURT OF COSHOCTON COUNTY, OHIO
VAN BLANCHARD II, JUDGE**

CHANGE OF NAME OF: (Present Name) _____

TO: (Name Requested) _____

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

Van Blanchard II, 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.

VAN BLANCHARD II, PROBATE JUDGE

(Seal)

By _____
Deputy Clerk

Date _____