

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 MINOR
[R.C.2717.01]**

Applicant is the Parent Legal Guardian Legal Custodian Guardian ad litem of the minor.

The minor has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this application. Applicant requests a change of the name of the minor from

First	Middle	Last
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to _____

First	Middle	Last
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The reason for requesting this name change is: _____

A certified copy of the minor's birth certificate is attached.

The name and address of Parent 1 of the minor is:

Name

Address

City, State, Zip Code

- The Waiver of Notice of Hearing and Consent of Parent 1 accompanies this Application.
- Applicant states that the address of Parent 1 is unknown, an affidavit detailing the applicant's diligence and every reasonable effort made to find the current address but cannot locate this individual is attached hereto.

The name and address of Parent 2 or the alleged father of the minor is:

Name

Address

City, State, Zip Code

Case No. _____

- The Waiver of Notice of Hearing and Consent of Parent 2 or the alleged father accompanies this Application.
- Applicant states that the address of Parent 2 is unknown, an affidavit detailing the applicant's diligence and every reasonable effort made to find the current address but cannot locate this individual is attached hereto.
- There is no person alleged to be the father/Parent 2 of the minor.

An Affidavit in support of this Application is attached.

The Applicant will serve Notice of the Hearing on any nonconsenting parent or alleged father as the Court requires pursuant to R.C. 2717.14.

Attorney for Applicant

Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

(_____) _____
Telephone Number

(_____) _____
Telephone Number

Attorney Registration No. _____

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

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

TO: (Name Requested) _____

Case No. _____

**AFFIDAVIT IN SUPPORT OF
APPLICATION FOR CHANGE OF NAME OF MINOR
[R.C. 2717.06]**

State of Ohio }
 } SS
County of _____ } }

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

Check all that apply:

1. Applicant is the Parent Legal Guardian Legal Custodian Guardian ad litem of the minor;
2. The minor has been a bona fide resident of _____, County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;
3. The Application is not made for the purpose of evading any creditors or other obligations;
4. The minor has not been adjudicated a delinquent child for identity fraud;
5. The minor does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the minor was NOT adjudicated a delinquent child for having committed a 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

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

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

TO: (Name Requested) _____

Case No. _____

**CONSENT TO CHANGE OF NAME
[R.C. 2717.14]**

The undersigned _____

[check one of the following 2 capacities by which your consent is given]

- Parent
- Alleged Father

hereby waives notice of the hearing on the Application for Change of Name and consents to the change of name of _____
to _____
as proposed in the Application.

Signature

Sworn to before me and signed in my presence this _____ day of _____, 20 ____

Deputy Clerk/Notary Public

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

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

TO: (Name Requested) _____

Case No. _____

**CONSENT TO CHANGE OF NAME
[R.C. 2717.14]**

The undersigned _____

[check one of the following 2 capacities by which your consent is given]

- Parent
- Alleged Father

hereby waives notice of the hearing on the Application for Change of Name and consents to the change of name of _____

to _____

as proposed in the Application.

Signature

Sworn to before me and signed in my presence this _____ day of _____, 20 ____

Deputy Clerk/Notary Public

**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 MINOR
[R.C. 2717.09]**

On _____, an Application for Change of Name of Minor was heard by this Court. The Court finds that all parties entitled to notice, e.g., legal parents, parent, father, or alleged father, either have waived notice of hearing and consented to the Application or were properly served and failed to object to the Application. The Court finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the minor's name as requested.

The Court finds the minor's complete name at birth was _____.

The minor'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 Changing Name of Minor is a true copy of the original kept by me as custodian of the records of this Court.

VAN BLANCHARD II, PROBATE JUDGE

By _____
Deputy Clerk

Date _____