IN RE: THE NAME OF						
Present 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 Clermont County, Ohio, for at least sixty (60) days						
immediate	ely prior to the filing o	f this application.				
Applicant	requests a change o	f name from				
to						
for the foll	owing reason:					
An affidav	it in support of this A	pplication is attach	ed.			
Attorney for Applicant			Applicant's S	Applicant's Signature		
Typed or Printed Name			Typed or Pri	Typed or Printed Name		
Address			Address			
City	State	Zip	City	State	Zip	
Telephone Number (include area code)			Telephone N	Telephone Number (include area code)		
Attorney F	Registration Number					

AS	SE NO.	Present Name			
	AFFIDAVIT APPLICATION FOR CI	IN SUPPORT OF HANGE OF NAME OF ADULT R.C. 2717.06]			
State	e of Ohio, County of	, SS.			
Γhe	undersigned, in support of the Applicant's	s Application for Change of Name of Adult, deposes, says			
and	verifies all of the following:				
(1)	The Applicant has been a bona fide res days immediately prior to the filing of th	sident of Clermont, County, Ohio, for at least sixty (60) ne Application;			
(2)	The Application is not made for the purpose of evading any creditors or other obligations;				
(3)	The Applicant is not a debtor in any cur	The Applicant is not a debtor in any currently pending bankruptcy proceeding;			
(4)	The Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud;				
(5)	because the Applicant was NOT convic	comply with O.R.C. 2950.04 or O.R.C. 2950.041 cted of, pleaded guilty to, or was adjudicated a sexually oriented offense or a child-victim oriented			
(6)	Any other information relevant to the A	pplication			
(7)	All documentary evidence submitted wit	th the Application is true, accurate and complete.			
ate		Applicant			
	n to before me and subscribed in my prese	ence the day of,			
		Notary Public			
		·			
		Typed or Printed Name			

Commission Expiration Date

CASE NO.	Present Name
CASE NO.	
RELEASE FOR	CRIMINAL BACKGROUND CHECK
authorizing and requesting the Clermonake any and all examinations of my any other law enforcement information civil and criminal history records, driving agency records that I may have in any	g an application to change or conform my name, I am hereby ont County Probate Court, its agents and authorized employees, to criminal record by obtaining from Ohio Courts Network (OCN) and a system and any court system, current and previous residences, ag records, birth records, public records or any criminal justice of federal, state, county, and municipal jurisdictions. I hereby release, and all individuals connected therewith, from all liability in providing
DATED	Social Security Number
	Date of Birth
	Drivers License Number/State Issued ID
	A.K.A.
	Address
	Printed Name
	Signature

IN RE: THE NAME OF		
CASE NO.	Present Na	ne
JUDGMENT ENTRY -	CHANG	E OF NAME OF ADULT
Onan app	olication for cha	inge of name was heard by this Court. The Court finds that
Applicant has provided sufficient proof that the facts	in the applica	tion show reasonable and proper cause for changing the
name. The Court finds that the applicant's complete	name at birth	was
Applicant's date of birth was		, and the place of birth was
City	County	State
Therefore, it is ORDERED the name of		
be changed to		
		James A. Shriver, Probate Judge
CERTIFICATIO	ON OF JI	JDGMENT ENTRY
The above Judgment Entry Changing Name of Adu this Court.	It is a true cop	by of the original kept by me as custodian of the records of
		James A. Shriver, Probate Judge
(Seal)	By:	Deputy Clerk
		Date