

## Instructions Name Change of Adult

It is suggested that you review the attached information sheet on Name Change, Conformity, or Birth Certificate Correction to determine which process is right for your situation. Our court staff will offer as much assistance as possible. However, our court staff cannot offer legal advice or answer legal questions. If you have questions as to which process will best suit your situation, you should seek the advice of an attorney.

### Filing Fees:

Court Costs: \$124.00

### Requirements:

You may apply for a name change **only** if you have been a Pike County Resident for the past 60 days.

### The Process:

- The documents listed below must be prepared by the applicant or an attorney and submitted with the filing fee to the Court by mail or in person during normal business hours. Once the documents have been approved for filing, the Court will review the filing for approval.
- All applications will be processed in a timely manner and copies of your submitted documents and the Judgment Entry of the Court will be provided to you by mail. If the matter must be set for a hearing, a deputy clerk will contact you by phone with further instructions.

The Court reserves the right to require additional documentation be submitted to support the applicant's name change or hold a formal hearing on the application.

***Note: All paperwork must be typed. PDF fillable forms can be downloaded from the Court's website at [www.pikecountypjcourt.com](http://www.pikecountypjcourt.com). If you do not have access to a printer, then forms may be completed in ink. Please print LEGIBLY. You must list the individual's full name on all paperwork (first, middle and last). No initials may be used.***

### Initial Filing:

- Self-Representation Acknowledgement - Form 75.1, *if applicable*
  - This form **must** be filed if applicant is not represented by an attorney.
- Criminal background check (BCI report) – must be dated within one (1) year. No exceptions.
- Application for Change of Name of Adult (Form 21.0)
- Photocopy of Birth Certificate
- Photocopy of Driver's License or State ID (driver's license number, issuance date and expiration date will be redacted)
- Affidavit in Support of Application for Change of Name of Adult (Form 21.01)
  - This must be notarized by a Notary Public. If you need a member of the court staff to notarize this affidavit, please bring this into the court unsigned and bring your driver's license or State issued ID with you.
- Judgment Entry Changing Name of Adult (Form 21.1)

### If Requesting the Name Change to be Confidential:

The law requires very specific criteria be met in order for someone to qualify for a confidential name change. The applicant must provide proof that it would jeopardize the applicant's personal safety to have the name change on the public record. Please refer to Ohio Revised Code section 2717.11 to determine if you meet the requirements.

**In addition to** the forms required for *initial filing* above, the documents listed below must also be submitted, along with any required attachments. The Judge will review all of the documents and make a determination as to whether it qualifies as a confidential name change. If so, the Court will contact the applicant or attorney to set a hearing, if determined necessary.

- Motion for Confidentiality of Proceeding (Form 21.6)
- Order Granting Confidentiality of Proceeding (Form 21.06)

## Name Change, Name Conformity or Birth Certificate Correction: Which process is right for my situation?

### Change of Name

- I want to change all or part of my name to a new name
- I want to change all or part of my child's name
- I want to change my last name and I did not recently get married
- I want to restore my maiden name following a divorce and I did not choose to do it when the divorce was pending

### Name Conformity

- My name does not match on one or more of my official identity documents (Birth Certificate, Social Security Card, Driver's License, Passport, Marriage Certificate or Divorce Decree)
- An inconsistency in my name is prohibiting me from getting a driver's license
- I was not born in Ohio, and I have an error or misspelling on my birth certificate
- My child was not born in Ohio and has an error or misspelling on their birth certificate
- I was born in Ohio, but the name on my birth certificate doesn't match the name I have used all of my life
- I was in a common law marriage with no marriage certificate to document my name change
- The name I currently use is a name on one or more of my official identity documents

### Birth Correction

- I was born in Ohio and I have an error or misspelling on my birth certificate
- I was born in Ohio and one of my parent's names is misspelled or my birth date is incorrect on my birth certificate
- My child was born in Ohio and one of the names is misspelled or the birth date is incorrect on my child's birth certificate
- The error on my or my child's birth certificate is a true error, not a desired change or alternate spelling acquired following birth

### Situations Probate Court Cannot Correct

- I want to add or remove a parent from my child's birth certificate
- I want to add or remove a parent from my birth certificate
- I want paternity testing to prove the father on my child's birth certificate is not the biological father
- I was married at the time my child was born, but my husband is not my child's biological father and I want to correct my child's birth certificate

If the situation regarding your name is not referenced in one of these sections, you should contact the Probate Court or an Attorney before commencing any legal action regarding your name. The situations described that Probate Court cannot correct are generally matters outside of Probate Court's jurisdiction. It is recommended that you contact the Ohio Department of Health or an Attorney to assist you in these types of situations.

## OBTAINING THE AMENDED BIRTH RECORD

The court will be submitting your paperwork directly to the Bureau of Vital Statistics (ODH/VS) for processing. Once the court paperwork has been received by our office, it will take approximately **three to four** weeks to amend your certificate and have it available for purchasing.

Below are the three ways that a certificate can be purchased. Please do not place an order for a certificate if you have not allowed at least 30 days for processing. You can confirm if the change has been completed by calling the Vital Statistics **Customer Service** line at 614-466-2531 prior to placing your order.

### Local Health Department

A birth certificate can be purchased from any local health department for persons born in Ohio. It is not restricted to where the birth occurred. Below is the information for the local health department(s) in your county. Please contact the office directly to verify how an order can be placed, the cost and whether the office is available for same day service. Certificates will be available for issuance after allowing 30 days for processing.

Pike County General Health District  
116 S. Market St.  
Waverly, OH 45690  
Phone: (740) 947-7721

### Online

Ordering a birth record through the ODH/VS online portal is the fastest way to obtain a certificate. Most orders are filled within five business days and go out first class mail. Each certificate is \$21.50 and can be ordered using a credit card. Please go to the following website to place your order after allowing 30 days for processing.

<https://odhgateway.odh.ohio.gov/OrderBirthCertificates/>

### Via Mail - USPS

Customers can also apply for a new certificate via mail. These requests go directly to the ODH/VS office and take approximately two to three weeks to fulfill. Applications should not be sent until four weeks after the paperwork was mailed in by the court. A check or money order can be made payable to "Treasurer, State of Ohio" for \$21.50 for each birth certificate requested. Applications can be found online at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/vital-statistics/How-to-Order-Certificates> and can be mailed to the address below with the appropriate payment for copies.

Ohio Department of Health  
Bureau of Vital Statistics  
P.O. Box 15098  
Columbus, Ohio 43215-0098

**PROBATE COURT OF PIKE COUNTY, OHIO**  
**Paul Price, Judge**

**IN RE:**

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**CASE NO.** \_\_\_\_\_

**SELF-REPRESENTATION ACKNOWLEDGMENT**  
**[Local Rule 75.1]**

I acknowledge that I have read, understand, and agree with all of the following statements:

1. The Court strongly recommended that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case on my own without the assistance of an attorney.
2. I have the time, knowledge, and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website, [www.pikecountypjcourt.com](http://www.pikecountypjcourt.com).
5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Pike County Probate Court Local Rules of Practice, and all other rules, regulations, policies, and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
7. If I do not fulfill my responsibilities in this case properly and in a timely manner, I will be subject to the compliance policies outlined in the Pike County Probate Court Local Rules.
8. I have a duty to act fairly, honestly, impartially, and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
9. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
10. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further with this case or may require that I must be represented by an attorney to continue with this case.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Email Address

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE MATTER OF THE NAME OF \_\_\_\_\_  
Present Legal Name

CASE NO. \_\_\_\_\_

**APPLICATION FOR CHANGE OF NAME OF ADULT**  
[R.C. 2717.02 and 2717.03]

Applicant requests a change of name from \_\_\_\_\_  
to \_\_\_\_\_

The reason for requesting this name change is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant is an adult and has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this Application.

An Affidavit in support of this Application is attached.

All of the documentary evidence required by Local Rule also accompanies this Application.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (include area code)

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE MATTER OF THE NAME OF \_\_\_\_\_  
Present Legal Name

CASE NO. \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF APPLICATION  
FOR CHANGE OF NAME OF ADULT**

[R.C. 2717.06]

STATE OF OHIO )  
COUNTY OF \_\_\_\_\_ )

SS:

The Applicant, being first duly sworn and cautioned according to law, states the following:

- 1) Applicant has been a bona fide legal resident of this county for a period of at least 60 days;
- 2) The Application is not being made for the purpose of evading any creditors or other obligations;
- 3) Applicant is not a debtor in any currently pending bankruptcy proceeding;
- 4) Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud and does not have a duty to comply with R.C 2950.04 or 2950.041 because the Applicant was convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense;
- 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 true and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

This Affidavit was sworn to before me, with oath or affirmation administered, and signed in my presence by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_. This notarial certificate is a jurat under Ohio law.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Commission Expiration Date

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE MATTER OF THE NAME OF \_\_\_\_\_  
Present Legal Name

CASE NO. \_\_\_\_\_

**JUDGMENT ENTRY  
CHANGING NAME OF ADULT**  
[R.C. 2717.09]

Upon the Application for Change of Name of Adult, the Court finds that the Application is properly supported by all documentation required by Local Rule and the Applicant's Affidavit required in R.C. 2717.06. The Court further finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the Applicant's name as requested.

Therefore, the Court orders that the Applicant's legal name be changed as follows:

Applicant's name at birth: \_\_\_\_\_

Applicant's current legal name: \_\_\_\_\_

Applicant's new legal name: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_

State where birth record was issued: \_\_\_\_\_

Applicant is required to send a certified copy of this Judgment Entry to the vital statistics office in the state that issued the Applicant's birth record.

\_\_\_\_\_  
Date \_\_\_\_\_, Probate Judge

**CERTIFICATION OF JUDGMENT ENTRY**

The above Judgment Entry Changing Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

\_\_\_\_\_  
Probate Judge

(Seal)

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE MATTER OF THE NAME OF \_\_\_\_\_  
Present Legal Name

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 \_\_\_\_\_  
to \_\_\_\_\_

A hearing on the Application will be held on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ M. in the Probate Court of \_\_\_\_\_ County, Ohio located at \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip