PROBATE COURT OF MAHONING COUNTY, OHIO

HON. ROBERT N. RUSU, JR., JUDGE

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

TO _____
(Requested Name)

CASE NO. _____

AFFIDAVIT IN SUPPORT OF APPLICATION FOR CHANGE OF NAME OF ADULT

[R.C. 2717.06]

State of Ohio }
} *SS*
County of _____ }

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

Check all that apply:

1. ☐ Applicant has been a bona fide resident of _____, County, Ohio, for at least sixty (60) days immediately prior to the filing of the Application;

2. ☐ The Application is not 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;

5. ☐ Applicant does not have a duty to comply with R.C. 2950.04 or R.C. 2950.041 because the Applicant was NOT convicted of, pleaded guilty to, or was 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

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