PROBATE COURT OF HURON COUNTY, OHIO TIMOTHY L. CARDWELL, JUDGE

IN RE: CHANGE OF NAME OF_____

то _____

(Requested Name)

(Present Name)

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:

- _____, County, Ohio, for at least 1. Applicant has been a bona fide resident of 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 delinguent 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 delinguent 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

FORM 21.01 – AFFIDAVIT IN SUPPORT OF APPLICATION FOR CHANGE OF NAME OF ADULT

CASE NO. _____