

NAME CHANGE INSTRUCTION SHEET

1. All applicants must be **18 years of age or older** to obtain a form requesting a legal name change from Probate Court. All applicants must also **reside in Mahoning County for one year before applying for a name change.**
2. Applicants must fill out the application completely and file it with the Probate Court, **accompanied by a CERTIFIED COPY of his/her birth certificate.** Upon filing the application, the Clerk will assign a case number, a hearing date and time. The Clerk will then give you a date stamped copy of your application. A copy of your application will be sent to the Daily Legal News for publication. A filing fee of **\$134.00 CASH OR MONEY ORDER ONLY (NO PERSONAL CHECKS WILL BE ACCEPTED),** must be paid upon submission of the application to Probate Court. **THIS FILING FEE IS NON-REFUNDABLE.**
3. On your scheduled hearing date, you are to appear in Probate Court with **two (2) documents showing proof of identification.** (Suggested documents are listed on the form attached.) Proof of the publication will be forwarded to the Court by the Daily Legal News.
4. All applicants attempting to change the name of a **MINOR** shall present a **CERTIFIED COPY OF THE MINOR'S BIRTH CERTIFICATE** at the time of filing the application. Both parents, if alive, must consent to the proposed name change, or receive appropriate notice of the hearing so as to have the opportunity to advance objections at the hearing. ***NOTE - ALL NOTICING WILL BE DONE BY PROBATE COURT VIA CERTIFIED MAIL.** If Notice is required by the Court a cost of \$7.00 will be added to your court costs. If one or the other parent does not have an updated address where they can be served by certified mail, notice by publication will be required. This Notice shall run for one (1) week.
5. Failure to appear and/or proceed at the scheduled hearing will result in the dismissal of the application, unless a continuance has been approved by the Court. Filing fees are non-refundable.
6. Upon hearing and testimony from the applicant and examination of the documents, the Court may then proceed to grant the application and Order the name change requested. If approved, a certified copy of the Order changing your name and a form letter to be mailed to the Ohio Department of Vital Statistics will be mailed to you.

Filing fees:

Adult Name Change: \$134.00

Minor Name Change with consent of both parents: \$134.00

Minor Name Change without consent of both parents \$141.00

(Where the applicant has a current address for the parent to be served)

SUGGESTED DOCUMENTS AND WHERE THEY MAY BE OBTAINED

BAPTISMAL, CONFIRMATION OF OTHER CHURCH RECORD

Contact pastor of the Church in which baptized or confirmed.

PHYSICIAN'S OFFICE RECORD, OR SWORN STATEMENT OF MIDWIFE OR ATTENDANT

HOSPITAL, NURSERY OR CLINIC RECORD

Contact the Superintendent of the hospital, nursery or clinic in which the birth occurred.

BIRTH ANNOUNCEMENT PUBLISHED IN NEWSPAPER

Contact the editor of the newspaper in which the announcement appeared, it must be prepared on office letterhead with the date of issuance on it.

INSURANCE POLICY APPLICATION

A statement from the filed of the insurance company may be used in place of application.

MARRIAGE, OR CHILDREN'S BIRTH RECORDS

These may be obtained from the Bureau of Vital Statistics of the state in which the event occurred.

VOTING REGISTRATION

Obtain a copy from the Clerk of the County Board of Elections

SAVINGS ACCOUNT APPLICATION - BANK OR POSTAL

Contact the bank or post office through which application was made.

Please note: We are interested only in data pertaining to date and place of birth, and date of account application.

FEDERAL CENSUS ENUMERATION

LODGE OR SOCIETY RECORD

A copy of the entrance application obtained from the Secretary of the Lodge

SOCIAL SECURITY APPLICATION

Write to: Federal Security Agency, Social Security Board, Candler Bldg., Baltimore, MD

State your name, social security number and ask for a copy of your application on their form SS-5 (there is no charge for this form).

HOSPITAL RECORD

If Registrant was a patient at least five (5) years ago

Obtain a statement regarding date and place of birth at time of admission from the hospital records clerk.

ARMY, NAVY OR MARINE DISCHARGES, PASSPORTS, FAMILY BIBLE, BABY BOOK, FAMILY HISTORY, DRIVER'S LICENSE OR EMPLOYMENT RECORD.