

## 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 (see item 4 if requesting a name change for a minor). All applicants must also **reside in Mahoning County for sixty (60) days before applying for a name change.**
2. Applicants must complete an *Application for Name Change* (SPF 24.1) and file it with the Probate Court, **accompanied by a CERTIFIED COPY of their birth certificate.** A filing fee of **\$134.00** must be paid upon submission of the application to Probate Court. **THIS FILING FEE IS NON-REFUNDABLE. (NO PERSONAL CHECKS WILL BE ACCEPTED)**
3. Prior to your scheduled hearing date, you will need to file with the Probate Court **two (2) documents showing proof of identification.** (Suggested documents are listed on the form attached.)
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.
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 file 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.**