

SHELBY COUNTY PROBATE COURT

www.shelbycoprobate.org

ADULT NAME CHANGE CHECKLIST

(revised 06/08/2016)

INITIATION REQUIREMENTS

- ___ Form 21.0 - Application for Change of Name of Adult (*RC 2717.01*)
- ___ Applicant has been a resident of Shelby County, Ohio for at least one year immediately prior to filing of application
- ___ Copy of birth certificate
- ___ Form 21.5 – Notice of Hearing on Change of Name (Court will fax Notice to local newspaper for publication at least 30 days prior to hearing)
- ___ Form 21.6 - Application to Waive Publication Requirement and Seal File (IF APPLICABLE)
- ___ First, middle and last name must be spelled out
- ___ Security deposit for costs (*Local Rule 58.1*)

HEARING REQUIREMENTS

- ___ Proof of Publication from local newspaper
- ___ Form 21.1 – Judgment Entry – Change of Name of Adult
- ___ All publication costs and court costs must be paid in full

OTHER: _____
