	Typed or Printed Name
	Commission Expiration
FORM 21.07 – AFFIDAVIT IN SUPPORT OF APPLICATION TO CON	FORM LEGAL NAME OF ADULT
SCO-CLC-PBT 0021.07 (Rev. 12/2022) Previous Editions Obsolete	

H	PROBATE COURT OF	
		, JUDGE
IN RE: CHAI	NGE OF NAME OF	
то		(Present Legal Name)
	(Requested Conform	ned Legal Name)
	AFFIDAVIT IN SUPPOR TO CONFORM LEGAL [R.C. 2717	NAME OF ADULT
State of Ohio	} } SS	
County of	} 33	

The undersigned, in support of the Application to Conform Legal Name of Adult, deposes, says, and verifies the following:

- 1. Applicant has been a bona fide resident of this county for a period of at least 60 days;
- 2. The Application is not being made for the purpose of evading any creditors or other obligations;
- 3. Applicant is not a debtor in any currently pending bankruptcy proceeding;
- 4. All documentary evidence submitted with the Application is true, accurate, and complete.

The Applicant certifies under penalty of perjury that the statements in this Affidavit are accurate and complete.

Date

Sworn to before me and subscribed in my presence the _____ day of _____

Notary Public/Deputy Clerk

n Expiration Date

Effective Date: January 1, 2023

Applicant

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