

PROBATE COURT OF _____ COUNTY, OHIO
_____, **JUDGE**

IN RE: THE NAME OF _____

(Present Name)
TO _____

(Requested Conformed Legal Name)
CASE NO. _____

**AFFIDAVIT IN SUPPORT OF APPLICATION
TO CONFORM LEGAL NAME OF MINOR**
[R.C. 2717.06]

State of Ohio }
County of _____ } SS
_____ }

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

Check all that apply:

1. Applicant has personal knowledge of the facts stated in this Affidavit;
2. The minor has been a bona fide legal resident of this county for a period of at least 60 days;
3. The Application is not being made for the purpose of evading any creditors or other obligations;
4. The minor is not a debtor in any currently pending bankruptcy proceeding;
5. 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

Applicant

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

Notary Public/Deputy Clerk

Typed or Printed Name

Commission Expiration Date