



Change of Name Form

(To be accompanied with an Affidavit of Name Change)

Name currently in title: _____

Name to be changed to: _____

Parcel Number: _____

Address: _____

Owner Occupied? ☐ Yes ☐ No

Signature of Owner or Representative: _____

Date: _____

AUDITOR'S OFFICE USE ONLY

Date Processed: _____ TID Number: _____

Conveyance Number: _____ Processor's Initials: _____



FRANKLIN COUNTY AUDITOR MICHAEL STINZIANO

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