

Must be typewritten-Do not fold  
OHIO

All facts must be given as of time of birth

### CORRECTION OF BIRTH RECORD

#### Application, Finding and Order for Correction of Birth Record

Case No. \_\_\_\_\_ Doc. \_\_\_\_\_ Page \_\_\_\_\_

In the Probate Court of \_\_\_\_\_ County, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, appeared \_\_\_\_\_

Name of Registrant

praying that the facts of birth be established in accordance with section 3705.15 of the revised code, as follows:

Child	Full Name (at time of birth)		Social Security No.		
	Exact Place of Birth		Date of Birth(mm/dd/yyyy) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Father	Name of Father		Mother	Maiden name of Mother	
	Age of Father (at time of birth)			Age of Mother (at time of birth)	
	Birthplace of Father			Birthplace of Mother	

#### Item(s) to be corrected or added

Item \_\_\_\_\_ reads as \_\_\_\_\_ should read \_\_\_\_\_

The undersigned being first duly sworn, says that the facts stated in the foregoing Application are true as he/she verily believes and prays that the Court order the registration of said birth.

\_\_\_\_\_  
Registrant or Applicant

\_\_\_\_\_  
Address

Sworn to before me and signed in my presence by the applicant or registrant aforesaid this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Official Character

#### Journal Entry

The Court on consideration of the aforesaid evidence submitted finds and orders that notice of hearing be dispensed with and the birth of applicant be registered in accordance with the facts hereinabove set forth; and that a summary finding and order of the court, duly certified, be forthwith transmitted to the Director of Health, at Columbus, Ohio, as provided by law.

\_\_\_\_\_  
Probate Judge

I hereby certify the above is a true copy of the application and entry in the foregoing matter.

\_\_\_\_\_  
Probate Judge

(SEAL)

By \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk

Supporting Affidavits  
In the Matter of the Correction of Birth Record of

State of Ohio, \_\_\_\_\_ Affidavit of Physician

The undersigned, being first duly sworn, deposes and says that I was the physician in attendance at the birth of \_\_\_\_\_, the applicant and that the facts stated herein  
(Name of applicant at birth)  
are true as he verily believes.

\_\_\_\_\_  
(Attending Physician)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official title)

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavit, relatives or non-relatives, having personal knowledge of the facts.

State of Ohio, \_\_\_\_\_ Affidavit

The undersigned, being first duly sworn, deposes and says that \_\_\_ he is \_\_\_\_\_ years of age, that \_\_\_ he has read the application and that \_\_\_ he has personal knowledge of the facts stated therein by reason of being \_\_\_\_\_ and that the  
(State relationship, if any, or state facts showing personal knowledge)

Statements made in the application are true as he verily believes.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official Title)

State of Ohio, \_\_\_\_\_ Affidavit

The undersigned, being first duly sworn, deposes and says that \_\_\_ he is \_\_\_\_\_ years of age, that \_\_\_ he has read the application and that \_\_\_ he has personal knowledge of the facts stated therein by reason of being \_\_\_\_\_ and that the  
(State relationship, if any, or state facts showing personal knowledge)

Statements made in the application are true as he verily believes.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official Title)