

Must be typewritten-Do not fold
OHIO

All facts must be given as of time of birth

REGISTRATION OF BIRTH
Application, Finding and Order for Registration of Birth

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	

The following evidence is presented to the court to support the above facts of the place and date of birth and the parentage of the registrant to wit:

Document or Name of Witness	Date of Record	Place of Birth	Date of Record	Father's Name	Mother's Maiden Name

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

Probate Court, _____ County, Ohio

AFFIDAVIT OF PHYSICIAN

In the Matter of
(1) _____
of _____

The State of Ohio, _____ County: ss.
I, _____, do hereby certify that I was the physician in attendance at
the birth of _____, the applicant herein, and that the
facts in the application are true, as I verily believe.

Attending Physician

P.O. 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 affidavits of two persons,
relatives or non-relatives, having personal knowledge of the facts or by
clear and convincing documentary evidence or such other evidence as
the court deems sufficient.

State of Ohio, _____ County: ss. AFFIDAVIT
I, _____, (Age _____ Years)
do hereby certify that I have personal knowledge of the facts in the within application, and that the facts
stated herein are true, as I verily believe. _____

P.O. Address _____

Sworn to before me and signed in my presence this _____ day of _____, 20____.

(Official Title)

State of Ohio, _____ County: ss. AFFIDAVIT
I, _____, (Age _____ Years)
do hereby certify that I have personal knowledge of the facts in the within application, and that the facts
stated herein are true, as I verily believe. _____

P.O. Address _____

Sworn to before me and signed in my presence this _____ day of _____, 20____.

(Official Title)