

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 _____
Item _____	reads as _____	should read _____
Item _____	reads as _____	should read _____
Item _____	reads as _____	should read _____
Item _____	reads as _____	should read _____
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)