Ohio Department of Health • Bureau of Vital Statistics

Finding and Order Establishing Registration of Birth

THIS FORM MUST BE TYPEWRITTEN OR PRINTE FOR THE STATE OF OHIO:				D LEGIBLY IN BLACK INK. ALL FACTS State File No.			Case File No.	
In [•]	In the Probate Court of Lake County, on the			day of			, 20	
ap	opeared	Annlicant						
	aying that the facts of bir					3705.15 of the F	Revised Code as follo	
	Full name at time of birth							
CHILD						_		
S	City and County of Birth				Date of Birth		Sex □ Male □ Fem	
	Name of Parent (Mother) before first marriage Age of Parent (Mother) at time of birth				Name of Parent (Father) before first marriage			
Z				PARENT	Age of Parent (Father) at time of birth			
PARENT		irthplace of Parent (Mother)						
4	Birthplace of Parent (Mother)				Birthplace of Parent (Father)			
e fo	llowing evidence was presen	1	ourt to support th	e facts of the		ate of birth and parer	nts of the registrant to wit	
Document or name of witness Record Date			Documented p	lace of birth	Birth Date	Parent Name	Parent Name	
							·	
	I,, Judge and ex-officio Clerk of the Probate Court in and							
	for County, Ohio, do hereby certify that the above is a true summary of the record of							
	he finding and order of this Court in an action for the registration of the birth of,							
Case Number I hereby transmit the within summary to the State Director of Hea							Health who shall file	
			•					
	ne same in the records of the State Bureau of Vital Statistics at Columbus, Ohio, as provided by law. In Witness I have ereunto set my hand and affixed the official seal of said Court atOhio, this							
				ουπ ατ		O	TIIO, [NIS	
	day of	, 20_	·					
						Mark I Darta	Notta Probata ludgo	
						IVIAIK J. BAITO	olotta, <i>Probate Judge</i>	

Deputy Clerk