

CORRECTION OF BIRTH RECORD

Application, Finding and Order for Correction of Birth Record

Case Number _____

In the Probate Court of _____ Lake _____, County on the _____ day of _____, 20____,
appeared _____ praying that his/her birth record be corrected in accordance with Section
3705.15 of the revised code as followed:

Information recorded in this box should match information currently listed on the Birth Record.			
Child's Information			
Full Name of Child		Date of Birth	Place of Birth (city and county)
Information of Parent(s) currently listed on the Birth Record			
Parent's Name		Parent's Name	
Place of Birth	Date of Birth	Place of Birth	Date of Birth

ITEMS 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 _____

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

Registrant of 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 record of registrant be corrected in accordance with the facts hereinabove set forth: and that a certified copy of the order of the Court 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.

(SEAL)

By _____
Magistrate, Judge or 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 the he was the physician in attendance at the birth of _____
the applicant and that the facts stated herein are true as he/she verily believes.

(Name of Applicant at Birth)

(Attending Physician)

(Address)

Sworn to before me and signed in my presence by the said _____

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, relative or non-relative, having personal knowledge of the facts.

.....
State of Ohio, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that he/she is _____ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being _____

(state relationship, if any, or state facts showing personal knowledge)

and that the statements made in the application are true as he/she verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____

this _____ day of _____, 20____.

(Official Title)

.....
State of Ohio, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that he/she is _____ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being _____

(state relationship, if any, or state facts showing personal knowledge)

and that the statements made in the application are true as he/she verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____

this _____ day of _____, 20____.

(Official Title)