
Please check the applicable box:

- This is the original contact information for this case.
- This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

Attorney for Applicant(s) _____

Attorney's Street Address _____

City, State and Zip Code _____

Attorney's Telephone Number _____

Fax Number _____

Attorney's Email Address _____

Attorney's Registration Number _____

Applicant's Name _____

Applicant's Street Address _____

City State and Zip Code _____

Applicant's Telephone Number _____

Applicant's Email Address _____

Co-Applicant's Name _____

Co-Applicant's Street Address _____

City, State and Zip Code _____

Co-Applicant's Telephone Number _____

Co-Applicant's Email Address _____

**PROBATE COURT OF LAKE COUNTY, OHIO
JUDGE MARK J. BARTOLOTTA**

IN THE MATTER OF _____

CASE NO. _____

**APPLICATION FOR CORRECTION OF BIRTH RECORD
[R.C. 3705.15]**

In the Probate Court of _____ County on the _____ day of _____
20__ appeared _____ requesting that their birth record be
corrected in accordance with Section 3705.15 of the Revised Code as follows:

| | | | |
|---|---------------------------|--|----------------------------|
| Information recorded in this box should match information currently listed on the Birth Record | | | |
| Child's Information | | | |
| 1. Full Name of Child _____ | 2. Date of Birth _____ | 3. Place of Birth (city and county) _____ | 4. Sex _____ |
| Information of parent(s) currently listed on the Birth Record | | | |
| 5. Parent's Name _____ | | 6. Parent's Name _____ | |
| 7. Place of Birth _____ | 8. Date of Birth _____ | 9. Place of Birth _____ | 10. Date of Birth _____ |

ITEMS TO BE CORRECTED OR ADDED

| | | |
|---------------|----------------|-------------------|
| Box No. _____ | Reads as _____ | Should Read _____ |
| Box No. _____ | Reads as _____ | Should Read _____ |
| Box No. _____ | Reads as _____ | Should Read _____ |
| Box No. _____ | Reads as _____ | Should Read _____ |

The undersigned being first duly sworn, says the facts stated in the foregoing Application are true as they
verily believe and pray that the Court order the correction of the registration of birth.

Signature of Registrant or Applicant

Registrant or Applicant

Address

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

Notary Public

IN THE MATTER OF _____

CASE NO. _____

JOURNAL ENTRY ORDERING CORRECTION OF BIRTH RECORD

The Court on consideration of the 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 set forth above and that a certified copy of the order of the Court be forthwith transmitted to the Director of Health as provided by law.

Probate Judge

By: _____
Deputy Clerk

SUPPORTING AFFIDAVITS

IN THE MATTER OF _____

State of Ohio, _____ Affidavit of Physician
(Name of Attending Physician)

The undersigned, being first duly sworn, deposes and says that they were the physician in attendance at the birth of _____ and that the facts stated herein are true as they verily believe.
(Name of Applicant)

Signature of Attending Physician

Address

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

Notary Public

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavits of two persons having personal knowledge of the facts.

State of Ohio, _____ Affidavit
(Name of Affiant)

The undersigned, being first duly sworn, deposes and says that they have read the application of _____ and that they have personal knowledge of the facts therein and that the statements made in the application are true as they verily believe.
(Name of Applicant)

Signature of Registrant or Applicant

Registrant or Applicant

Address

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

Notary Public

State of Ohio, _____ **Affidavit**
(Name of Affiant)

The undersigned, being first duly sworn, deposes and says that they have read the application of _____ and that they have personal knowledge of the facts
(Name of Applicant)
therein and that the statements made in the application are true as they verily believe.

Signature of Registrant or Applicant

Registrant or Applicant

Address

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

Notary Public