

# CORRECTION OF BIRTH RECORD

## Application, Finding and Order for Correction of Birth Record

Case Number \_\_\_\_\_

In the Probate Court of \_\_\_\_\_ 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.			
<b>Child's Information</b>			
Full Name of Child		Date of Birth	Place of Birth (city and county)
<b>Information of Parent(s) currently listed on the Birth Record</b>			
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)