

Ohio Department of Health • Vital Statistics

Registration of Birth

Application, Finding and Order for Registration of Birth

MUST BE **TYPEWRITTEN** – DO NOT FOLD – ALL FACTS MUST BE GIVEN AS OF TIME OF BIRTH

Case No.	Doc.	Page
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OHIO

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	
Father	Name of Father	Mother	Maiden Name of Mother
	Age of Father (<i>at time of this birth</i>)		Age of Mother (<i>at time of this birth</i>)
	Birthplace of Father		Birthplace of Mother

The following evidence is presented to the court to support the above facts of the place and date of birth and the parentage of the registrant to wit:

Document or name of witness	Date of Record	Place of birth	Date of birth	Father's name	Mother's maiden name

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 correction of said birth record.

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.

Judge James A. Shriver

I hereby certify the above is a true copy of the application and entry in the foregoing matter.

(SEAL)

Judge James A. Shriver

By _____
Deputy Clerk

Supporting Affidavits

Probate Court, _____ County, Ohio

AFFIDAVIT OF PHYSICIAN

In the matter of
(1) _____
of _____

The State of Ohio, _____ **County: ss.**

I, _____, do hereby certify that I was the physician
in attendance at the birth of the applicant herein, and that the facts in the application are true, as I verily believe.

Attending Physician

P.O. 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 affidavits of two persons, relatives or non-relatives having personal knowledge of the facts or by clear and convincing documentary evidence or such other evidence as the court deems sufficient.

The State of Ohio, _____ **County: ss.** **AFFIDAVIT**

I, _____, (Age _____ Years)
do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated
herein are true, as I verily believe. _____

P.O. address _____

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

(Official Title)

The State of Ohio, _____ **County: ss.** **AFFIDAVIT**

I, _____, (Age _____ Years)
do hereby certify that I have personal knowledge of the facts stated in the within application, and that the facts stated
herein are true, as I verily believe. _____

P.O. address _____

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

(Official Title)