

Must be **typewritten**--Do not fold. All Facts must be given as of **Time of Birth**

CORRECTION OF BIRTH RECORD

Application, Finding and Order for Correction of Birth Record

OHIO Case No. _____ Doc. _____ Page _____

In the Probate Court of _____ County, on the _____ day of _____, _____, appeared _____

Name of Registrant

praying that birth record be corrected in accordance with Section 3705.15 of the revised code, as follows:

Full Name (at time of birth)	
Exact Place of Birth	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Father	Maiden name of Mother
Age of Father (at time of this birth)	Age of Mother (at time of this birth)
Birthplace of Father	Birthplace of Mother

Item(s) 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 _____
- Item _____ reads as _____ should read _____

The undersigned being first duly sworn, says that the facts stated in the foregoing Application are true as _____ 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 _____, _____.

(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)

Probate Judge

By _____

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

(Attending physician)

(Address)

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

this _____ day of _____, _____ .

(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 the ___he is ___ years of age, that ___he has read the application and that ___he has personal knowledge of the facts stated therein by reason of being

_____ and that the

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

statements made in the application are true as ___he verily believes. _____

(Signature of Affiant)

(Address)

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

this _____ day of _____, _____ .

(Official title)

State of Ohio, _____ Affidavit

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

_____ and that the

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

statements made in the application are true as ___he verily believes. _____

(Signature of Affiant)

(Address)

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

this _____ day of _____, _____ .

(Official title)