

Ohio Department of Health • Vital Statistics
Correction of Birth Record
Application, Finding and Order for Correction of Birth Record

Must be **typewritten** — Do not fold
 All facts must be given as of **Time of Birth**

Case No.	Doc.	Page
----------	------	------

In the Probate Court of _____ County, on the _____
 day of _____, 20 _____, appeared _____
Name of Registrant

praying that his/her birth record be corrected 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	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Father	Name of Father	Mother	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 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 record of registrant be corrected in accordance with the 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 was the physician in attendance at the birth of

_____ the applicant and that the facts
(Name of applicant at birth)
stated herein are true as he verily believes.

(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 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 statements
(State relationship, if any, or state facts showing personal knowledge)
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 _____, 20 _____

(Official title)

State of Ohio, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that _____ 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 statements
(State relationship, if any, or state facts showing personal knowledge)
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 _____, 20 _____

(Signature of Official)

(Official title)