



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 <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>
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)

**Ohio Department of Health • Office of Vital Statistics**  
**Application for Certified Copies**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Birth               | \$16.50 per certificate  | <input type="checkbox"/> Check               |
| <input type="checkbox"/> Death               | \$16.50 per certificate  | <input type="checkbox"/> Money Order         |
| <input type="checkbox"/> Fetal death         | \$16.50 per certificate  | <input type="checkbox"/> Cash (Walk-in only) |
| <input type="checkbox"/> Stillbirth          | (free to birth parents only for births occurring after July 1, 2003) |  |
| <input type="checkbox"/> Paternity affidavit | \$7.00 per affidavit   |  |
| <input type="checkbox"/> Searching fee       | \$3.00 per 10 years  |  |

<b>Do not write in this space</b>
AFS number
Volume number.
Certificate number

<input type="checkbox"/> <b>Birth</b> <input type="checkbox"/> <b>Stillbirth</b> <input type="checkbox"/> <b>Paternity aff.</b>	Name at birth	
	Date of birth	Place of birth <i>City/County in Ohio</i>
	Full maiden name of mother	
	Full name of father	
	CPR stamp number <i>(Paternity only)</i>	

<input type="checkbox"/> <b>Death</b> <input type="checkbox"/> <b>Fetal death</b>	Name of deceased	
	Date of death	Place of death <i>City/County in Ohio</i>
	Full maiden name of mother	
	Full name of father	

<b>Record search</b> <input type="checkbox"/> <b>Marriage</b> <input type="checkbox"/> <b>Divorced</b>	Full name of husband	
	Full maiden name of wife	
	Marriage—date	Place <i>City/County in Ohio</i>
	Divorce—date	Place <i>City/County in Ohio</i>
	List years needing searched	

**Important**

Enclose check or money order. Each request must have the required fee and must be made payable to "TREASURER, STATE OF OHIO"  
 Overpayment fee of \$2.00 or less will not be refunded.

Signature of applicant
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Please type or print clearly in the box below. Indicate the address you wish to have your request mailed to:

Name		
Address		
City	State	ZIP

Send completed application with the fee to:  
 Ohio Department of Health  
 Office of Vital Statistics  
 246 North High Street, 1st floor, Revenue Room  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531