

INSTRUCTIONS FOR REGISTRATION OF BIRTH RECORD
(THE STATE REQUIRES THAT ALL FORMS BE TYPEWRITTEN)

If you were born in the State of Ohio and you have discovered no birth certificate was registered for you, you may file an application in the Probate Court to have it registered. If the child is a minor, the application must be signed by either parent or the person's guardian.

You must apply:

1. In the Probate Court in the county where the birth occurred
2. In the Probate Court in the county where the person resides
3. In the Probate Court of the county in which the mother resided at the time of the birth

Before filing an application to register a birth, you must obtain a statement or letter from the State of Ohio, Department of Health AND from the local office where your birth should have been recorded, stating that there is no record of your birth. (See page 2 for addresses)

To file an Application to Register Birth, you will need to provide an affidavit signed by the physician in attendance at the birth, if you are unable to obtain one, you will need to provide an affidavit from two people at least 7 years older than you who have personal knowledge of your birth. You must also have at least four documents to support your application; the Court considers the following acceptable documents:

1. Baptismal Record or Hospital Record
2. DD214 (military discharge)
3. Insurance Policies which show the date of birth
4. Certified copy of Marriage Application
5. Certified copy of School Records (this can be obtained from the Board of Education)
6. Family Bible or Church Records
7. Voter Registration
8. Medicare/Medicaid Application
9. Social Security Application
10. Income Tax Records (IRS)
11. Bank Account Records
12. Obituaries of Family Members
13. Children's Birth Records
14. Lodge Records (VFW, Monkeys, FOP, Moose, etc.)
15. Federal Census Records

At the initial filing you will need the following:

1. HEA form 2782 (Application, Finding and Order for Registration of Birth) completed and notarized (this can be obtained from Probate Court or our website) the backside of the form provides space for the Affidavit of Physician or the Affidavit of two persons (at least seven years older than the applicant) having knowledge of the facts in the application.
2. Four pieces of Documentary evidence (see examples above)
3. A letter from the State of Ohio **AND** from the local office where your birth should have been recorded
4. A valid photo identification (drivers license, state I.D. or passport)
5. \$44.00 cash or check. Please confirm the amount with the cost clerk (513) 887-3293 prior to filing

If, upon review, the evidence is found to be acceptable, the Judge will issue a Journal Entry for the registration of birth. You will be given two (2) certified copies of the Journal Entry. Send one (1) certified copy with a \$16.50 check or money order payable to the Treasurer, State of Ohio, along with form HEA form 2709 to:

Ohio Department of Health
Office of Vital Statistics
246 North High St., 1st Floor, Revenue Room
P.O. Box 15098
Columbus, OH 43215-0098

Vital Statistics will register the record of your birth, create a birth certificate for you and send a certified copy to you. If you have not received your new birth certificate within a reasonable amount of time, please contact the Ohio Department of Health at (614) 466-2531.

To obtain a letter stating that no birth certificate was recorded (this is required prior to your filing the Application with the court), use the following addresses:

REQUIRED FOR ALL REGISTRATIONS:

Ohio Department of Health
Office of Vital Statistics
246 North High St., 1st Floor, Revenue Room
P.O. Box 15098
Columbus, OH 43215-0098
(614) 466-2531

If you were born in another county other than Montgomery County, please contact the local health department where your birth certificate should have been recorded and obtain a letter or statement from that department in addition to the one you will need to obtain from the State of Ohio.

REGISTRATION OF BIRTH

Application, Finding and Order for Registration of Birth

OHIO

Case No. _____ Doc. _____ Page _____

In the Probate Court of _____ County, on the _____

day of _____, 19____, 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		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	

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 registration of said birth.

Registrant or Applicant

Address

Sworn to before me and signed in my presence by the applicant or registrant aforesaid this _____ day of _____ 19_____.

(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.

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

Probate Court, _____ County, Ohio

In the Matter of

AFFIDAVIT OF PHYSICIAN

(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 _____, 19 _____.

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.

(Official title)

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 _____, 19 _____.

(Official title)

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 _____, 19 _____.

(Official title)

FINDING AND ORDER ESTABLISHING REGISTRATION OF BIRTH

STATE OF OHIO

DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

STATE FILE NO. _____

OHIO

In the probate court of _____ on the _____
County

day of _____, 19 _____. Appeared _____
Name of Registrant

Praying that the facts of birth be established in accordance with section 3705.15 of the revised code.

The Court finds that the following facts apply to the registrant:

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
	Age of Father (<i>at time of this birth</i>)	
	Birthplace of Father	
	Maiden Name of Mother	
	Age of Mother (<i>at time of this birth</i>)	
	Birthplace of Mother	

The following evidence was presented before 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 and Relationship to the Registrant	Date of Record	Place of Birth	Date of Birth	Father's Name	Mother's Maiden Name

I, _____, Judge and ex-officio Clerk of the Probate Court in and for _____ County, Ohio, do hereby certify that the above is a true summary of the record of

the finding and order of this Court in an action for the registration of the birth of _____

Case no. _____. I hereby transmit the within summary to the State Director of Health who shall file the same in the records of the Central Bureau of Vital Statistics at Columbus, Ohio, as provided by law. In Witness I have hereunto set my hand and affixed the official seal of said Court at _____ Ohio, this

_____ day of _____, 19 _____. _____

Probate Judge
 by _____
 Deputy Clerk

Official Form Prescribed by the Director of Health for Delayed Registration of a Birth
 This certificate shall be printed legibly or **typewritten** in unfading **black** ink.

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 | |

Do not write in this space
AFS number
Volume number.
Certificate number

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

Record search <input type="checkbox"/> Marriage <input type="checkbox"/> Divorced	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

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