

INSTRUCTIONS FOR CORRECTION OF BIRTH RECORD

(All forms must be typewritten)

If you were born in the State of Ohio and you have discovered an error on your birth record, you may apply to the Probate Court to have it corrected. 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

A father's name cannot be added or deleted from a birth certificate through Probate Court. Please see Frequently Asked Questions (FAQ) for further information.

To file a Correction of 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 no more than 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 2783 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 no more than 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 certified copy of your existing birth certificate
4. A valid Photo identification (drivers license, state I.D. or passport)
5. \$100.00 cash or cashier's check, Mastercard, Discover or American Express credit or debit card with an \$1.80 convenience fee.

To correct a date of birth, you must have proof of the date the attending physician signed the birth record or the date the local registrar filed the record of birth.

Once the Correction of Birth is approved, you will receive a certified copy of the Journal Entry for your records. The Clerk will send a certified copy of the Journal Entry to Ohio Department of Health.

To order a certified copy of your birth certificate, send a copy of the Court Order along with Form HEA 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**

Include a check or money order payable to **Treasurer, State of Ohio**, who will then seal the old birth certificate and create a corrected one. The Ohio Department of Health will then send you and the local registrar a copy of your new birth certificate. If you have not received your new birth certificate in a reasonable amount of time, please contact the Ohio Department of Health at (614) 466-2531.

CORRECTION OF BIRTH RECORD

Application, Finding and Order for Correction of Birth Record

Case Number _____

In the Probate Court of _____ County on the _____ day of _____, 20____,
appeared _____ praying that his/her birth record be corrected in accordance with Section
3705.15 of the revised code as followed:

Information recorded in this box should match information currently listed on the Birth Record.			
Child's Information			
Full Name of Child		Date of Birth	Place of Birth (city and county)
Information of Parent(s) currently listed on the Birth Record			
Parent's Name		Parent's Name	
Place of Birth	Date of Birth	Place of Birth	Date of Birth

ITEMS 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 _____

The undersigned being first duly sworn, says the facts stated in the foregoing Application are true as he/she verily believes and prays that the Court order the registration of birth.

Registrant of 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 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)

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

(Name of Applicant at Birth)

(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/she is _____ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being _____
(state relationship, if any, or state facts showing personal knowledge)
and that the statements made in the application are true as he/she 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/she is _____ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being _____
(state relationship, if any, or state facts showing personal knowledge)
and that the statements made in the application are true as he/she verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____
this _____ day of _____, 20____.

(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 | |

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