

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 \_\_\_\_\_, 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:

<b>Child</b>	Full Name (at time of birth)		Social Security No.
	Exact Place of Birth	Date of Birth <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
<b>Father</b>	Name of Father	<b>Mother</b>	Maiden Name of Mother
	Age of Father ( <i>at time of this birth</i> )		Age of Mother ( <i>at time of this birth</i> )
	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 said 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.*

\_\_\_\_\_  
Judge Jack R. Puffenberger

*I hereby certify the above is a true copy of the application and entry in the foregoing matter.*

\_\_\_\_\_  
Judge Jack R. Puffenberger

(SEAL)

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  
(Name of applicant at birth)  
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 \_\_\_\_\_, 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 \_\_\_\_\_

\_\_\_\_\_ and that the  
(State relationship, if any, or state facts showing personal knowledge)  
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 \_\_\_\_\_

\_\_\_\_\_ and that the  
(State relationship, if any, or state facts showing personal knowledge)  
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)