

Must be typewritten  
OHIO

All facts must be given as of time of birth

**REGISTRATION OF BIRTH**  
**Application, Finding and Order for Registration of Birth**

Case No. \_\_\_\_\_

In the Probate Court of Huron County, on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, appeared \_\_\_\_\_

Name of Registrant

praying that the facts of birth be established in accordance with section 3705.15 of the revised code, as follows:

<b>Child</b>	Full Name (at time of birth)		Social Security No. Not Required		
	Exact Place of Birth		Date of Birth(mm/dd/yyyy)  Male                  Female		
<b>Father</b>	Name of Father		<b>Mother</b>	Maiden name of Mother	
	Age of Father (at time of birth)			Age of Mother (at time of 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 Record	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 \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

**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.

\_\_\_\_\_  
Timothy L. Cardwell, Probate Judge

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

Timothy L. Cardwell, Probate Judge

(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 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.**

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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)