

**Must be typewritten - Do not fold
All facts must be given as of Time of Birth**

**CORRECTION OF BIRTH RECORD
Application for Correction of Birth Record**

OHIO Case No. _____ Doc. _____ Page _____

In the Court of Common Pleas, Probate Division of _____ County, on the _____ day of _____
_____ 20__ appeared _____ praying that his/her
(Name of Applicant)

birth record be corrected in accordance with Section 3705.20 of the Revised Code, as follows:

CHILD	Full Name (at time of birth)		Male	Female
	Exact Place of Birth	Date of Birth		
FATHER	Name of Father	MOTHER	Maiden Name of Mother	
	Age of Father (at the time of this birth)		Age of Mother (at the time of this birth)	
	Birthplace of Father		Birthplace of Mother	

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 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.

 Applicant's Address

 Applicant's Phone Number

Sworn to before me and signed in my presence by the applicant or registrant aforesaid this _____ day of _____, 20__.

(SEAL)

 Official Character

JUDGMENT 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.

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

 Judge

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 was the physician in attendance at the birth of _____, the applicant herein that he has read the application and that the facts

(Name of applicant at birth)

stated herein are true as he 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 affidavits of two persons, relative to non-relative, having personal knowledge of the facts.

STATE OF OHIO, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that ___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 _____

(State relationship, if any, or state facts showing personal knowledge)

and that the 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 _____, 20____.

Official Title

STATE OF OHIO, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that ___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 _____

(State relationship, if any, or state facts showing personal knowledge)

and that the 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 _____, 20____.

Official Title