

Correction of Birth & Delayed Registration of Birth* Certificate suggested documents:

Dear Applicant:

State laws require that to begin the process of a correction of birth or a delayed registration of birth certificate, the applicant must provide to the court: Two witnesses – OR – two documents listed below – OR – one document listed below and one witness.

- Baptismal certificate
- Hospital birth certificate
- Census record
- Early school record
- Family Bible record
- Doctor's record of post-natal care

- Witness (8 to 10 years older)

These documents must be early public records showing the date and place of birth, preferably created within the first eight to ten years of your life.

You may also submit an affidavit of birth, from an older blood relative (e.g., a parent, uncle, sibling) who has personal knowledge of your birth. It must be notarized.

***Note:** A Delayed Registration applicant must also provide a letter from the Ohio Department of Health stating a search of statewide indexes failed to locate a birth record for you before we can begin the Delayed Registration process.

Ohio Department of Health
Bureau of Vital Statistics
Application for Registration of Birth

This form must be typewritten or printed legibly in black ink. All facts must be given as of time of birth.

FOR THE STATE OF OHIO:

State File No.	Case File No.
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In the Probate Court of _____ County, on the _____ day of _____, 20____, appeared _____
Name of Applicant

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		
	City and County of birth	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT	Name of Parent (Mother) before first marriage	PARENT	Name of Parent (Father) before first marriage
	Age of Parent (Mother) at time of birth		Age of Parent (Father) at time of birth
	Birthplace of Parent (Mother)		Birthplace of Parent (Father)

The following evidence is presented to the court to support the above facts of the place and date of birth and parents of the registrant to wit:

Document or name of witness	Record Date	Documented place of birth	Birth Date	Parent Name	Parent Name

The undersigned being first duly sworn, says that the facts stated in the foregoing Application are true as they verily believe, and prays that the court order the registration of said birth.

Registrant or Applicant

Address

 day of _____, 20____

Official Character

Sworn to before me and signed in my presence
 by the applicant/registrant named above on this

(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 herein-above 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.

Probate Judge

(SEAL)

By _____
Deputy Clerk

Supporting Affidavits

In the Matter of the Registration of Birth of _____

The State of Ohio, _____ County: **AFFIDAVIT OF PHYSICIAN**

I, _____ do hereby certify that I was the physician in attendance
Name of Physician
at the birth of the applicant herein, and that the facts in the application are true, as I verily believe.

Signature of Physician

Mailing Address of Physician

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

Signature of Official

Official Title

The State of Ohio, _____ County: **AFFIDAVIT**

I, _____, age _____ years, do hereby certify that I have personal
Name of Witness
knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Mailing Address of Affiant

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

Signature of Official

Official Title

The State of Ohio, _____ County: **AFFIDAVIT**

I, _____, age _____ years, do hereby certify that I have personal
Name of Witness
knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Mailing Address of Affiant

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

Signature of Official

Official Title

ADDRESS INFORMATION OF APPLICANT FOR:
DELAYED REGISTRATION OF BIRTH

I am the applicant for the Delayed Registration of Birth, _____
(Applicant's name – please print)

and I hereby state that the person for whom the application is being made was born in the state of Ohio

and that my current address is:

Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Applicant's printed name

Applicant's signature

Sworn to me and signed in my presence by the said _____

this _____ day of _____, 20_____.

Official's signature

Official title