

**PROBATE COURT OF MEDINA COUNTY, OHIO
JUDGE KEVIN W. DUNN**

Please print neatly or type.

Case No. _____

**CORRECTION OF BIRTH RECORD
Application, Finding and Order for Correction of Birth Record**

In the Court of Common Pleas, Probate Division of Medina 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 follows:

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 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 Signature

Applicant's Printed Name

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

JOURNAL ENTRY

The Court on consideration of the aforesaid evidence submitted finds and orders that the 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

Judge

Deputy Clerk

Date

Case No. _____

SUPPORTING AFFIDAVITS

IN THE MATTER OF THE CORRECTION OF BIRTH RECORD OF _____

STATE OF OHIO, Medina County 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 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 affidavits of two persons, relative or non-relative, having personal knowledge of the facts.

STATE OF OHIO, Medina County 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, Medina County 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