

Ohio Department of Health • Vital Statistics
Registration of Birth
Application, Finding and Order for Registration of Birth

MUST BE **TYPED** - DO NOT FOLD - ALL FACTS MUST BE GIVEN AS OF TIME OF BIRTH

Case No.	Doc.	Page
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OHIO

In the Probate Court of _____ County, on the _____

day of _____, 20____, appeared _____

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

Child	Full name (at time of birth)	Social Security No.	
	Exact place of birth	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Father	Name of Father	Mother	Maiden name of Mother
	Age of Father (at time of this birth)		Age of Mother (at time of this 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 birth	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____

(SEAL)

Official Character

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.

Probate Judge

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

(SEAL)

Probate Judge

By _____

Deputy Clerk

Supporting Affidavits

Probate Court, _____ County, Ohio

AFFIDAVIT OF PHYSICIAN

In the matter of
(1) _____
of _____

The State of Ohio, _____ **County: ss.**

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

P.O. address _____

Attending Physician

Sworn to before me and signed in my presence 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, relatives or non-relatives, having personal knowledge of the facts or by clear and convincing documentary evidence or such other evidence as the court deems sufficient

State of Ohio, _____ **County: ss.** **AFFIDAVIT**

I, _____, (Age _____ Years)

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

P.O. address _____

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

(Official title)

State of Ohio, _____ **County: ss.** **AFFIDAVIT**

I, _____, (Age _____ Years)

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

P.O. address _____

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

(Official title)

LIST OF DOCUMENTS ACCEPTABLE AS EVIDENCE

1. **Baptismal record, confirmation or other church record.** Contact the pastor or the church in which the event took place.
2. **School attendance record.** This should be a certified copy from the board of education in the school system that you attended. Other school records can be used if a certified copy is not available.
3. **Marriage application.** This should be a *certified copy* obtained from the probate court in the county where you applied for the marriage license. The marriage application should give us information about your birth date and your parents.
4. **Children's birth records.** A *certified copy* of your child's birth certificate may help in proving your age, place of birth and name at birth.
5. **Physician's office record** or sworn statement from the midwife or person who attended the birth.
6. **Hospital, nursery or clinic record** where the birth occurred. Contact the place where the birth occurred for a certified copy.
7. **Social security application.** This can be obtained from any social security office. A print out sheet will be given to you that will verify the facts of your birth given at the time the social security number was applied for. We *cannot* accept social security cards as evidence.
8. **Discharge papers** from any of the armed services. If your discharge was recorded, you will be able to obtain a certified copy from the recorder's office in the county where it was recorded.
9. **Family Bible, family history books and baby books** may be help to support the facts of your birth.
10. **Passports** may be used to verify facts of your birth.

WE DO NOT ACCEPT PHOTOCOPIES OF DOCUMENTS - CERTIFIED COPIES ONLY.