

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

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

Finding and Order Establishing 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.
----------------	---------------

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 was presented to the court to support the 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

I, _____, Judge and ex-officio Clerk of the Probate Court in and for _____ County, Ohio, do hereby certify that the above is a true summary of the record of the finding and order of this Court in an action for the registration of the birth of _____, Case Number _____. I hereby transmit the within summary to the State Director of Health who shall file the same in the records of the State Bureau of Vital Statistics at Columbus, Ohio, as provided by law. In Witness I have hereunto set my hand and affixed the official seal of said Court at _____ Ohio, this _____ day of _____, 20_____.

Probate Judge

By _____
Deputy Clerk

Supporting Affidavit - Physician

In the Matter of the Registration of Birth Record: _____

State of Ohio, County of _____ Affidavit of Physician

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

Print Name of Physician

Street Address

City, State, Zip Code

Sworn to before me and signed in my presence by _____

this ____ day of _____, 20__.

Notary Public

Supporting Affidavit

In the Matter of the Registration of Birth Record of: _____

State of Ohio, County of _____.

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

Print Name of Affiant

Street Address

City, State, Zip Code

Sworn to before me and signed in my presence by _____

this ____ day of _____, 20__.

Notary Public

Supporting Affidavit

In the Matter of the Registration of Birth Record of: _____

State of Ohio, County of _____.

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

Print Name of Affiant

Street Address

City, State, Zip Code

Sworn to before me and signed in my presence by _____

this ____ day of _____, 20__.

Notary Public