

CORRECTION OF BIRTH RECORD

Application, Finding and Order for Correction of Birth Record

Case Number _____

In the Probate Court of Geauga 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 (maiden)	
Place of Birth	Date of Birth	Place of Birth	Date of Birth

ITEM 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 the facts stated in the foregoing Application are true as he/she verily believes and prays that the Court order the registration of birth.

Registrant or Applicant signature

Address

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

(SEAL)

Notary Public

Journal 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.

Probate Judge

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

(SEAL)

By: _____
Magistrate, Judge or Deputy Clerk

Supporting Affidavit - Physician

In the Matter of the Correction of Birth Record of

State of Ohio, County of _____ 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 and that the facts stated in the Application, Finding and Order for Correction of Birth Record are true as he/she verily believes.

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 Correction of Birth Record of _____

State of Ohio, County of _____.

The undersigned, being first duly sworn, deposes and says that he/she is ____ years of age, that he/she has read the "Application, Finding and Order for Correction of Birth Record" 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 that application are true as he/she verily believes.

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 Correction of Birth Record of _____

State of Ohio, County of _____.

The undersigned, being first duly sworn, deposes and says that he/she is ____ years of age, that he/she has read the "Application, Finding and Order for Correction of Birth Record" 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 that application are true as he/she verily believes.

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