

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

MUST BE TYPEWRITTEN - 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

In the matter of
(1) _____

AFFIDAVIT OF PHYSICIAN

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)

Ohio Department Of Health • Office Of Vital Statistics
Finding and Order Establishing Registration of Birth

State file number _____

OHIO

In the probate court of _____ on the _____
County
 day of _____, 20____. Appeared _____
Name of Registrant

Praying that the facts of birth be established in accordance with section 3705.15 of the revised code.

The Court finds that the following facts apply to the registrant:

Child	Full name (at time of birth)	
	Exact place of birth	Date of birth <input type="checkbox"/> Male <input type="checkbox"/> Female
Father	Name of father	Mother
	Age of father (at time of this birth)	
	Birthplace of father	
Maiden name of mother		
Age of mother (at time of this birth)		
Birthplace of mother		

The following evidence was presented before the court to support the above facts of place and date of birth and the parentage of the registrant to wit:

Document or name of witness and relationship to the registrant	Date of record	Place of birth	Date of birth	Father's name	Mother's maiden 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 no. _____. I hereby transmit the within summary to the State Director of Health who shall file the same in the records of the Central Office 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

Official Form Prescribed by the Director of Health for Delayed Registration of a Birth
 This certificate shall be printed legibly of typewritten in unfading black ink.

HEA 2745 (Rev. 10.05)