

PROBATE COURT OF PIKE COUNTY, OHIO

IN THE MATTER OF THE BIRTH RECORD OF _____

CASE NO. _____

APPLICATION TO CHANGE GENDER MARKER ON BIRTH RECORD

Applicant requests that the Court issue an Order changing the gender marker on the birth record pursuant to R.C. §3705.15.

All available facts required on the birth record are as follows:

Information recorded in this box should match information listed on the Birth Record			
Full Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year)	Place of Birth (City and County)

Information of Parent(s) listed on the Birth Record			
Parent's Name		Parent's Name	
Place of Birth	Date of Birth	Place of Birth	Date of Birth

Has a legal name change been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court that granted the legal name change: Name of Court: Case Number:
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The Applicant requests that the birth record for the above-named individual be changed as indicated on this application.

The individual for whom the change is sought was born in Pike County; is a resident of Pike County; qualifies under the law because the individual's mother was a resident of Pike County at the time of the individual's birth.

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- A certified copy, not more than 60 days old, of the original birth record to be changed is attached to this application.
- Two affidavits and a statement from a licensed physician accompany this application.
- A signed consent from each parent (if individual is a minor) accompany this application.
- Proof of counseling and length of time in counseling on gender issues (if individual is a minor).

Applicant requests the Court order the birth record to be changed to the sex opposite of that currently listed on the individual's birth record.

Applicant's Signature

Typed or Printed Name

Address

City, State, Zip

Telephone Number

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

Notary Public