

REGISTRATION OF BIRTH
Application, Finding and Order for Registration of Birth

OHIO

Case No. Doc. Page

In the Probate Court of County, on the

day of 19 appeared

Name of Registrant

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

Form with fields for Child (Full Name, Social Security No., Exact Place of Birth, Date of Birth, Sex), Father (Name, Age, Birthplace), and Mother (Maiden name, Age, Birthplace).

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:

Table with 6 columns: 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 19

(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

## AFFIDAVIT OF PHYSICIAN

(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.

\_\_\_\_\_  
Attending Physician

P.O. Address \_\_\_\_\_

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

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.

\_\_\_\_\_  
(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 \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
(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 \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
(Official title)