**Application to File an Affidavit to an Ohio Birth or Death Certificate**

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**Crossouts, corrective fluid and typos will not be accepted on this form**

**Eligibility**

For birth records: You must be the person named on the record and at least 18 years old, a parent listed on the record, or a legal guardian for the child named on the record. If both parents are listed, and the child is a minor (under 18 years old), both parents must sign the affidavit. Corrections to last names, date of birth and gender will not be accepted. This affidavit cannot be used to add a father to a birth record.

For death records: Only the informant or the funeral director may change the non-medical information as listed on the record. Cause of death information may only be changed by the attending physician or the coroner/medical examiner using a medical supplement. Corrections to date of death and marital status will not be accepted using this form. Social Security number information will only be changed if documentation is provided.

Once a correction of an item has been made, that item cannot be corrected or amended again except by order of the court.

*Please see the back of this form for a full listing of specific items that cannot be corrected using this form.

*Please print in ink or type

**Applicant (Person requesting the correction)**

<table>
<thead>
<tr>
<th>Name</th>
<th>first, middle, last</th>
</tr>
</thead>
</table>

I represent the Person as: □ Self □ Parent □ Guardian □ Informant □ Funeral director □ Other

Address

City

State

ZIP

Daytime phone number

**Original certificate information**

<table>
<thead>
<tr>
<th>State filing number or cert</th>
<th>Local registrar number or cert</th>
</tr>
</thead>
</table>

Name as recorded: first, middle, last

Date of event: □ No Name Listed □ Male □ Female

Place of event: City, County

Mother’s full name: first, middle, maiden name

Father’s full name: first, middle, last

**Items to be corrected**

<table>
<thead>
<tr>
<th>Item #</th>
<th>Item name</th>
<th>Information as it appears on original certificate</th>
<th>Correct Information</th>
</tr>
</thead>
</table>

**Affidavit of personal knowledge** (this section must be signed before a notary public)

State of __________________________ County of __________________________

Before me on this date appeared __________________________

now residing at __________________________ Street __________________________

City __________________________ State __________________________ Zip __________________________

Being duly affirmed say that I/we have personal knowledge that the foregoing facts are true and correct relative to __________________________

(Correct spelling of name)

Affirmed to and subscribed before me, this __________________________ day of __________________________, 20 __________

Signature of Notary __________________________

Data Commission __________________________

**APPENDIX M**

3701-5-02