

Must be typewritten — Do not fold. All facts must be given as of Time of Birth

Appendix N  
3701-5-02

**CORRECTION OF BIRTH RECORD**  
**Application, Finding and Order for Correction of Birth Record**

OHIO

Case No. \_\_\_\_\_ Doc. \_\_\_\_\_ Page \_\_\_\_\_

, In the Probate Court of \_\_\_\_\_ County, on the \_\_\_\_\_

day of \_\_\_\_\_, 19\_\_\_\_, appeared \_\_\_\_\_

*Name of Registrant*

praying that his/her birth record be corrected in accordance with Section 3705.15 of the revised code, as follows:

Child	Full Name (at time of birth)		Social Security No.
	Exact Place of Birth	Date of Birth	<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

**Item(s) to be corrected or added**

Item \_\_\_\_\_ reads as \_\_\_\_\_ should read \_\_\_\_\_

*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 correction of said birth record.*

\_\_\_\_\_  
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 record of registrant be corrected in accordance with the 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)

\_\_\_\_\_  
Probate Judge

By \_\_\_\_\_  
Deputy Clerk

OAC 3701-5-02

Appendix N

**Supporting Affidavits**  
**In the Matter of the Correction of Birth Record of**

State of Ohio, \_\_\_\_\_ 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

(Name of applicant at birth)

stated herein are true as he verily believes.

\_\_\_\_\_  
(Attending physician)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

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

**NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavit, relative or non-relative, having personal knowledge of the facts.**

State of Ohio, \_\_\_\_\_ Affidavit

The undersigned, being first duly sworn, deposes and says that \_\_\_he is \_\_\_\_\_ years of age, that \_\_\_he has read

the application and that \_\_\_he has personal knowledge of the facts stated therein by reason of being

\_\_\_\_\_ and that the

(State relationship, if any, or state facts showing personal knowledge)

statements made in the application are true as he verily believes.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE OF AFFIANT)

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

State of Ohio, \_\_\_\_\_ Affidavit

The undersigned, being first duly sworn, deposes and says that \_\_\_he is \_\_\_\_\_ years of age, that \_\_\_he has read

the application and that \_\_\_he has personal knowledge of the facts stated therein by reason of being

\_\_\_\_\_ and that the

(State relationship, if any, or state facts showing personal knowledge)

statements made in the application are true as he verily believes.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Affiant)

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