

Application for Registration of Birth

THIS FORM MUST BE TYPEWRITTEN OR PRINTED LEGIBLY IN BLACK INK. ALL FACTS MUST BE GIVEN AS OF TIME OF BIRTH. FOR THE STATE OF OHIO:

State File No. _____	Case File No. _____
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In the Probate Court of _____ County, on the _____ day of _____, 20____, appeared _____

Name of Applicant

praying that the facts of birth be established in accordance with section 3705.15 of the Revised Code as follows:

CHILD	Full name at time of birth		
	City and County of Birth	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT	Name of Parent (Mother) before first marriage	PARENT	Name of Parent (Father) before first marriage
	Age of Parent (Mother) at time of birth		Age of Parent (Father) at time of birth
	Birthplace of Parent (Mother)		Birthplace of Parent (Father)

The following evidence is presented to the court to support the above facts of the place and date of birth and parents of the registrant to wit:

Document or name of witness	Record Date	Documented place of birth	Birth Date	Parent Name	Parent Name

The undersigned being first duly sworn, says that the facts stated in the foregoing Application are true as they verily believe, and prays that the court order the registration of said birth.

_____ *Applicant/Registrant*

_____ *Address*

Sworn to before me and signed in my presence by the applicant/registrant named above on this _____ day of _____, 20____

(SEAL)

_____ *Name of Probate Court Official*

_____ *Title of Probate Court Official*

(SUPPORTING AFFIDAVITS ON REVERSE SIDE)

Supporting Affidavits

In the Matter of the Registration of Birth of _____

The State of Ohio, _____ County: **AFFIDAVIT OF PHYSICIAN**

I, _____ do hereby certify that I was the physician in attendance
Name of Physician
at the birth of the applicant herein, and that the facts in the application are true, as I verily believe.

Signature of Physician

Mailing Address of Physician

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Signature of Official

Official Title

The State of Ohio, _____ County: **AFFIDAVIT**

I, _____, age _____ years, do hereby certify that I have personal
Name of Witness
knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Mailing Address of Affiant

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Signature of Official

Official Title

The State of Ohio, _____ County: **AFFIDAVIT**

I, _____, age _____ years, do hereby certify that I have personal
Name of Witness
knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Mailing Address of Affiant

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

Signature of Official

Official Title