Ohio Department of Health • Bureau of Vital Statistics

Finding and Order Establishing Registration of Birth

THIS FORM MUST BE TYPEWRITTEN OR PRINT FOR THE STATE OF OHIO:				State File No.			Case File No.	
In	the Probate Court of		County, on the day of					
		, 20	_, appeared		Name	of Applicant		
pra							Revised Code as follows	
<u>o</u>	Full name at time of birth							
CHILD	City and County of Birth				Date of Birth Sex Male Female			
PARENT	Name of Parent (Mother) before first marriage				Name of Parent (Father) before first marriage			
	Age of Parent (Mother) at time of birth			PARENT	Age of Parent (Father) at time of birth Birthplace of Parent (Father)			
	Birthplace of Parent (Mother)			P P				
he fo	l llowing evidence was present	ed to the c	ourt to support the fac	ts of the	place and da	te of birth and pare	ents of the registrant to wit:	
Document or name of witness		Record Date	Documented place of birt		Birth Date Parent Name Parent Name		Parent Name	
	l,							
	for						mary of the record of	
	the finding and order of this C						,	
	Case Number I hereby transmit the within summary to the State Director of Health who shall file							
	the same in the records of the	ne State B	ureau of Vital Statistic	s at Coli	umbus, Ohio	, as provided by la	w. In Witness I have	
	hereunto set my hand and aff	ixed the off	icial seal of said Court a	at		(Dhio, this	

Probate Judge

Ву_____

Deputy Clerk