

Must be **typewritten** – Do not fold All Facts must be given as of **Time of Birth**

CORRECTION OF BIRTH RECORD
Application, Finding and Order for Registration of Birth

Ohio Case No. _____

In the Probate Court of Franklin County, Ohio, on the _____ day of _____, 20____, appeared _____

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)	
	Exact Place of Birth	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
FATHER	Name of Father	MOTHER
	Age of Father (At time of birth)	
	Birthplace of Father	
	Maiden Name of Mother	
	Age of Mother (At time of this birth)	
	Birthplace of Mother	

ITEMS TO BE CORRECTED OR ADDED

- ITEM _____ READS AS _____ SHOULD READ _____
- ITEM _____ READS AS _____ SHOULD READ _____
- ITEM _____ READS AS _____ SHOULD READ _____
- ITEM _____ READS AS _____ SHOULD READ _____
- 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 registration of the birth.

Registrant or Applicant

Address

Sworn to before me and signed in my presence

By the applicant or registrant aforesaid this _____ day of _____ 20_____.

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 of the finding and order of the Court, duly certified, be forthwith transmitted to the Director of Health, at Columbus, Ohio, as provided by law.

ROBERT G. MONTGOMERY
Probate Judge

I hereby certify that above is a true copy of the application and entry in the foregoing matter.

ROBERT G. MONTGOMERY
Probate Judge

By _____
Deputy Clerk