

Ohio Department of Health  
**Bureau of Vital Statistics**  
**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:

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

\_\_\_\_\_ *Registrant or Applicant*

\_\_\_\_\_ *Address*

*Sworn to before me and signed in my presence by the applicant/registrant named above on this*

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(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 of applicant be registered in accordance with the facts herein-above set forth; and that a summary finding and order of the court, duly certified, 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.*

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

(SEAL)

By \_\_\_\_\_

*Deputy Clerk*

# 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*