

**Must be typewritten - Do not fold
All facts must be given as of Time of Birth**

**REGISTRATION OF BIRTH
Application for Registration of Birth**

OHIO Case No. _____ Doc. _____ Page _____

In the Court of Common Pleas, Probate Division of _____ County, on the _____ day of _____
_____ 20____. appeared _____ praying that the facts
(Name of Registrant)

of birth be established in accordance with Section 3705.20 of the Revised Code, as follows:

CHILD	Full Name (at time of birth)		Social Security No.		
	Exact Place of Birth		Date of Birth	? Male	? Female
FATHER	Name of Father		Maiden Name of Mother		
	Age of Father (at the time of this birth)				
	Birthplace of Father		Age of Mother (at the time of this birth)		
		MOTHER	Birthplace of Mother		

The following evidence is presented to the Court to support the above facts of the place and date of birth and the parentage of the registrant to-wit:

DOCUMENT OR NAME OF WITNESS	DATE OF RECORD	PLACE OF BIRTH	DATE OF BIRTH	FATHER'S NAME	MOTHER'S NAME

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 said birth.

Registrant or Applicant Phone

Address

Sworn to before me and signed in my presence by the applicant or registrant aforesaid 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 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.

Judge

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

Judge

Deputy Clerk

Supporting Affidavits

IN THE MATTER OF THE REGISTRATION OF BIRTH

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 herein that he has read the application and that the facts stated herein are true as he verily believes.

(Name of applicant at birth)

Attending physician

Address

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

Official Title

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavits of two persons, relative to 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 _____

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

and that the 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 _____, 20____.

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 _____

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

and that the 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 _____, 20____.

Official Title