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.

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 ☐ Male ☐ 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.

_____

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

HEA 2782 (4/19)

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