

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

INSTRUCTIONS FOR CORRECTION OF BIRTH RECORD
(O.R.C. 3705.15)

1. Applicant must be BORN IN OHIO and must file in the County of his/her birth, his/her residence or his/her Mother's residence (at the time of his/her birth).
2. Application for Correction of MINOR'S birth certificate must be filed by either parent or the child's guardian.
3. One **original application form** must be submitted along with a certified copy of the birth certificate. It must be completely filled out by **typing or printing legibly in black ink and signed before a Notary or person authorized to administer oaths (Deputy Clerk)**.
4. The application must be supported by at least **two of the following**:
 - a) An affidavit from:
 - 1) The attending physician, if applicable.
 - 2) A person having personal knowledge of the facts and personal contact with the certificant at the time of the birth (such as family, friends, etc.).
 - 3) If the application is for correction of a MINOR'S name on the certificate, an affidavit from the parent, who is not the applicant, unless the child was born out-of-wedlock and the father was never determined.

* Those listed above must sign before a Notary or person authorized to administer oaths.
 - b) Documentary Evidence such as:
 - 1) Certificate of Attendance at Birth
 - 2) Certificate of attending physician at birth.
 - 3) Original Baptismal Records.
 - 4) Military records prior to 1935
 - 5) Official school record (Must show school attendance in place of birth and date of birth.
 - 6) Insurance Application executed 10 years prior (Must show date of birth and place of birth.
 - 7) Marriage Application (Not Marriage License)
5. Return these forms to the Probate Court with the Court Costs \$30.00. The Court will then process your application, however, a hearing on the application may be required. Upon approval of the application, the Probate Court will forward an Order to Columbus to prepare the corrected Birth Certificate.
6. In several months, complete the second form we have given you (Application for Certified Copies) and send it with a \$21.50 check made out to "Treasurer, State of Ohio Application for Certified Copies" to Columbus. You may include the "Application for Certified Copies" and a check made out to "Treasurer, State of Ohio Application for Certified Copies" for \$21.50 when making your Application and we will send it to Columbus with the Application for Correction of Birth Record to expedite the new Birth Certificate.
7. Please complete all forms correctly. If there are any questions, please contact the Lucas County Probate Court at (419) 213-4775.

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 Correction of Birth Record

OHIO Case No. _____ Doc. _____ Page _____

In the Probate Court of _____ County, on the _____

day of _____, 20____, appeared _____

Name of Registrant

praying that his/her birth record be corrected in accordance with Section 3705.15 of the revised code, as follows:

Child	Full Name (at time of birth)		Social Security No.
	Exact Place of Birth	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	
Father	Name of Father	Mother	Maiden Name of Mother
	Age of Father (<i>at time of this birth</i>)		Age of Mother (<i>at time of this birth</i>)
	Birthplace of Father		Birthplace of Mother

Item(s) 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 correction of said birth record.

Registrant or Applicant

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 said notice of hearing be dispensed with and the birth record of registrant be corrected in accordance with the facts hereinabove set forth; and that a certified copy of the order of the Court be forthwith transmitted to the Director of Health, at Columbus, Ohio, as provided by law.

Judge Jack R. Puffenberger

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

Judge Jack R. Puffenberger

(SEAL)

By _____
Deputy Clerk

Supporting Affidavits
In the Matter of the Correction of Birth Record of

State of Ohio, _____ County: ss.

Affidavit of Physician

The undersigned, being first duly sworn, deposes and says that he/she was the physician in attendance at the birth of _____ the applicant and that the facts
(Name of applicant at birth)
stated herein are true as he/she verily believes.

(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 affidavit, relative or non-relative, having personal knowledge of the facts.

State of Ohio, _____ County: ss.

Affidavit

The undersigned, being first duly sworn, deposes and says that he/she is _____ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being

_____ and that the
(State relationship, if any, or state facts showing personal knowledge)

statements made in the application are true as he/she 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, _____ County: ss.

Affidavit

The undersigned, being first duly sworn, deposes and says that he/she is _____ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being

_____ and that the
(State relationship, if any, or state facts showing personal knowledge)

statements made in the application are true as he/she verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____

This _____ day of _____, 20____.

(Official Title)

Ohio Department of Health • Vital Statistics

Application For Certified Copies

CERTIFICATE REQUESTED

<input type="checkbox"/> Birth Certificate \$21.50 per certified copy	<input type="checkbox"/> Paternity Affidavit \$7.00 per certified copy
<input type="checkbox"/> Death Certificate \$21.50 per certified copy	<input type="checkbox"/> Stillbirth Abstract (No Cause of Death) Free to birth parents <input type="checkbox"/> Fetal Death Certificate (Cause of Death shown) \$21.50 per certified copy

Mailing Address

Send completed application with required fee to:

Ohio Department of Health
 Vital Statistics
 P.O. Box 15098
 Columbus, Ohio 43215-0098
 (614) 466-2531

RECORD INFORMATION (Information about the person on the requested record)

Full Name <i>(for birth, indicate child's full name as shown on the original birth record)</i> :		If Name was Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:

CHARGES Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"

Birth:	Please indicate if you are requesting the certificate for any of the following purposes: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of birth record copies: _____ x \$21.50 = \$ _____
Death:	<input type="checkbox"/> No , I do not need the Social Security Number included. <input type="checkbox"/> Yes , I request a copy with the SSN included. You must attach a copy of your identification showing you are an authorized requestor (see instructions page for complete listing of authorized requestors).	Number of death record copies: _____ x \$21.50 = \$ _____
Acknowledgment of Paternity (AOP):	Central Paternity Registry 6-digit Number <i>(please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):</i>	Number of AOP copies: _____ x \$7.00 = \$ _____
Fetal Death or Stillbirth:	Did the stillbirth event occur at 20 weeks or less gestation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This information will help us determine how the record has been filed)</i>	Number of stillbirth abstract certificates: _____ <i>(Free to birth parents)</i> Number of fetal death record copies: _____ x \$21.50 = \$ _____
Total Amount Due: Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded.		\$ _____

APPLICANT INFORMATION (Information about the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:	Email:
Street Address:	Phone Number:
City, State, & ZIP:	Signature of Applicant: