

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

INSTRUCTIONS FOR REGISTRATION OF BIRTH (DELAYED)
(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. The application for the certificate should show all Social Security numbers issued to the parents of the child.
3. One **original application form** must be submitted. 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 accompanied with "Letter of No Record"** from the Bureau of Vital Statistics in Columbus.
5. 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 family at the time of the birth (such as family, friends, etc.).

* 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 – A separate Affidavit stating all facts including relationship, how you knew of the birth, the birth date, name of parents, mother's maiden name, and place of birth.
 - 2) Certificate of attending physician at birth.
 - 3) Original Baptismal Records.
 - 4) Military records prior to 1935
 - 5) Official school record of Applicant (Must show school attendance in place of birth and date of birth, sex, and parent's name, if possible.
 - 6) Marriage Application (Not Marriage License)
6. Return these forms to the Probate Court with the Court Costs \$32.00. 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 a delayed birth certificate for you.
7. 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 to obtain your delayed birth certificate.
8. Please complete all forms correctly. If there are any questions, please contact the Lucas County Probate Court at (419) 213-4775.

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 <input type="checkbox"/> Male <input type="checkbox"/> 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*

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

Ohio Department of Health • Office of Vital Statistics

APPLICATION FOR CERTIFIED COPIES

Walk-in service (allow 30-60 minutes)
 (8:00 AM – 5:00 PM, Mon–Fri, closed holidays)
 Ohio Department of Health
 Office of Vital Statistics
 225 Neilston Street
 Columbus, OH 43215
 (614) 466-2531

Mail-in order (allow 2-4 weeks)
 Send completed application with required fee to:
 Ohio Department of Health, Revenue Room
 246 North High Street, 1st floor
 P.O. Box 15098
 Columbus, Ohio 43215-0098
 (614) 466-2531

| This space for office use only | |
|--------------------------------|--------------------|
| Order (AFS) number | |
| A | Initial |
| Volume number | Certificate number |

APPLICANT INFORMATION:

| | | | |
|--|----------------|----------|--------------------------------|
| Name of person making request: | First | Middle | Last |
| Mailing address: | Street address | | City |
| | State | Zip code | Phone number () |
| Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead. | | | Signature of Applicant: |

REGISTRANT INFORMATION: (information about person whose vital record is being requested)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Birth \$21.50 per certified copy or abstract | Name at birth (<i>child's full name as shown on birth record</i>): | | Date of birth: |
| <input type="checkbox"/> Stillbirth Free to birth parents for stillbirths after Sept. 26, 2003 | Place of birth (<i>City/County in Ohio</i>): | | CPR stamp number (<i>Paternity only</i>): |
| <input type="checkbox"/> Paternity Affidavit \$7.00 per certified copy | Full maiden name of mother (<i>prior to first marriage</i>): | Full name of father: | |
| <input type="checkbox"/> Heirloom Birth \$25.00 per certified abstract | Have there been any corrections or legal changes made to certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No | If name was changed since birth, indicate new name: | |

| | | | |
|---|--|----------------------|----------------|
| <input type="checkbox"/> Death \$21.50 per certified copy | Name of deceased: | | Date of death: |
| <input type="checkbox"/> Fetal death \$21.50 per certified copy | Place of death (<i>City/County in Ohio</i>): | | |
| | Full maiden name of mother (<i>prior to first marriage</i>): | Full name of father: | |

SEARCHES: If the full legal name or date of event is unknown, the fee to search is \$3.00 per ten-year period. If the request is located and you would like a certified copy of the birth or death record, an additional charge of \$21.50 is required with the order. Searches will take 1 - 2 months to process. Submit this application providing as much identifying information known for the event. If not all information is known, provide as much as possible.

| | | |
|---|-------------------------------|--|
| <input type="checkbox"/> Record Search: \$3.00 per ten year period searched | Full name of registrant: | For marriage/divorce, specify full name of spouse: |
| <input type="checkbox"/> Marriage | Date of event: | Place (<i>City/County in Ohio</i>): |
| <input type="checkbox"/> Divorce | Specify years to be searched: | |
| <input type="checkbox"/> Birth | | |
| <input type="checkbox"/> Death | | |

CHARGES:

| | | |
|---|-------------|-----------|
| Total number of standard copies or abstracts (birth, death, fetal death): | X \$21.50 = | \$ |
| Total number of heirloom birth certificates: | X \$25.00 = | \$ |
| Total number of paternity affidavits: | X \$7.00 = | \$ |
| Total number of searching fees (\$3.00 per ten year period): | X \$3.00 = | \$ |
| TOTAL AMOUNT DUE: | | \$ |

For mail orders, please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO". Overpayment of \$2.00 or less will not be refunded.