

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.
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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:

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 • 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:	