Checklist Changing a Gender Marker on an Ohio Birth Record

The Probate Court may issue an order to change the gender marker on an Ohio birth record pursuant to the decision in *Ray v. McCloud*, S.D.Ohio No. 2:18-cv-00272, 2020 U.S. Dist. LEXIS 247732 (Dec. 16, 2020). Applications to change a gender marker filed in Lucas County Probate Court may have restricted access upon motion of the Applicant and for good cause shown pursuant to Sup. R. 45(E).

The process for changing a gender marker on a birth record is not a process to change a legal name or make any other change, alteration or correction to the birth record. Any requests for change of name or correction of other errors on a birth record must comply with the established legal processes for each action.

Filing Fee

Court Costs: \$85.00

Requirements

The birth record to be changed must be a certified State of Ohio Certification of Birth issued by the Office of Vital Statistics. Birth records from other states must be changed in the state of issuance.

A birth record change may be obtained in the Probate Court in the county:

- $\hfill\square$ Where the birth occurred
- \Box Where the person resides whose birth is being corrected, **or**
- □ Where the mother resided at time of birth

Required Documents for changing the gender marker on a Minor's birth record:

- $\hfill\square$ New Case Information Sheet
- □ Photocopy of Driver's License or photo ID for Applicant
- □ Original birth record that is being corrected
- □ Application to Change Gender Marker on Birth Record
- □ Consents of Parents or Guardians
 - If one of the parent's consents is missing, or the whereabouts of a parent are unknown, the Court may set the matter for a hearing, or order other service on the non-consenting parent as required by R.C. §3705.15 and Sup. R. 73
- □ Order Changing Gender Marker
- □ Affidavit Regarding Birth Record Change
- □ Licensed Professional Statement Regarding Birth Record Change
- All Affidavits must be notarized.

Required Documents for changing the gender marker on an Adult's birth record:

- □ New Case Information Sheet
- □ Photocopy of Driver's License or photo ID for Applicant
- □ Original birth record that is being corrected
- □ Application to Change Gender Marker on Birth Record
- □ Order Changing Gender Marker
- Licensed Professional Statement Regarding Birth Record Change

Note: If an Order to change a birth Record is issued by this Court, it is the Applicant's responsibility to obtain an updated birth record from the Ohio Department of Vital Statistics. The Court <u>does not</u> obtain a new birth record for you.

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF

THE BIRTH RECORD OF _____

CASE NO._____

APPLICATION TO CHANGE GENDER MARKER ON BIRTH RECORD

Applicant requests that the Court issue an Order changing the gender marker on the birth record pursuant to R.C. §3705.15. All available facts required on the birth record are as follows:

Information recorded in this box should match information listed on the Birth Record.				
Full Name	Gender	Date of Birth (month/day/year)	Place of birth (city and county)	
	Male			
Information of Parent(s) listed on the Birth Record				
Parent's Name		Parent's Name		
Place of Birth	Date of Birth	Place of Birth	Date of Birth	
Has a legal name change been granted Yes		Court that granted legal name change:		
		Case No.		

A true and accurate copy of the original birth record to be changed is attached to this application.

Applicant states that they identify as the gender opposite of that which is currently indicated on the birth record. Therefore, Applicant requests that the birth record for the above-named individual be changed to reflect the gender with which they identify.

Two affidavits including a statement from a licensed professional accompany this Application in support of the requested birth record change.

Therefore, Applicant requests the Court order the birth record to be changed to the gender opposite of that currently listed on the individual's birth record.

Applicant

Type or Printed Name

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

IN THE MATTER OF: _____

CASE NO. _____

NEW CASE INFORMATION STATEMENT

ATTORNEY OF RECORD TO COMPLETE THE FOLLOWING SECTION

THE UNDERSIGNED CERTIFIES THAT THIS CASE \Box IS, \Box IS NOT RELATED TO ANY CASE NOW PENDING IN ANY JUDICIAL SYSTEM.

CASE NUMBER OF RELATED CASE _____

DESCRIPTION AND JURISDICTION OF RELATED CASE

PLEASE CHECK ONE OF THE FOLLOWING:

□ CORRECTION/REGISTRATION OF BIRTH □ DISINTERMENT □ TRUSTS □ MINOR SETTLEMENT

□ NAME CHANGE

OTHER _____

STATEMENT OF PERMANENT ADDRESS

The following address is my permanent address. I understand that I am required to notify the Court of any change in my address and that the Court is authorized to remove me if I fail to comply with this requirement.

Signature, Attorney of Record	Signature, Applicant	
Print Attorney Name	Print Applicant Name	
Address	Address	
() Phone Number	() Phone Number	
Ohio Supreme Court ID Number	Ohio Supreme Court ID Number	
E-Mail Address	E-Mail Address	

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE BIRTH RECORD OF: _____

CASE NO:_____

APPLICATION TO RESTRICT PUBLIC ACCESS TO RECORDS

Now comes _______ and hereby requests this Court to order that public access to the records in the above-captioned matter be restricted from public access pursuant to Sup.R. 45(E). Public access to the records will jeopardize the applicant's personal safety or well-being for the following reason:

□ Exhibits attached in support of application.

Attorney for Applicant

Applicant

ORDER

It is hereby ORDERED that public access to the records in the above-captioned case are restricted for good cause shown pursuant to Sup.R. 45(E).

Judge Jack R. Puffenberger

LCPC FORM - COBR-GM Application/ Order to Restrict Public Access to Records

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

IN THE MATTER OF THE BIRTH RECORD OF _____

CASE NO		
	AFFIDAVIT REGARDING BIRTH RECORD CHANGE	
STATE OF OHIC)) SS:	
COUNTY OF)	

The undersigned affiant is a person well-acquainted with the individual who is the subject of the application in this case, or the minor who is the subject of the application. The undersigned states with respect to the individual seeking to have a sex marker changed on their birth record:

- The individual identifies as the gender opposite of that listed on their birth record.
- The individual has expressed a desire to have the gender marker changed on their birth record to reflect the gender with which they identify.
- The individual holds themself out to the public to be the gender they desire the birth record to reflect.
- The individual goes by a name that is consistent with the gender they desire the birth record to reflect.

The undersigned certifies under penalty of perjury that the statements in this Affidavit are true and complete.

Date	Affiant	
Sworn to and subscribed in my presence thisday of		_, 20
	Notary Public	

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

IN THE MATTER OF THE BIRTH RECORD OF: _____

CASE NO. _____

CONSENT OF PARENTS OR GUARDIANS

The undersigned being the parents or Legal Guardians of a minor who is the subject of this application, do consent to the change of the gender marker on the birth record as proposed, and waive notice of any hearing on the matter.

Parent/Guardian

Parent/Guardian

Typed or Printed Name

Typed or Printed Name

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

IN THE MATTER OF

THE BIRTH RECORD OF _____

CASE	NO.	

LICENSED PROFESSIONAL STATEMENT REGARDING BIRTH RECORD CHANGE

To be completed by a physician, psychologist, therapist, nurse practitioner, or social worker who is licensed to practice in the United States that certifies the gender identity of the applicant.			
PHYSICIAN NURSE PRACTITIONER PSYCHOLOGIST THERAPIST SOCIAL WORKER OTHER:			
LICENSED PROFESSIONAL'S LAST NAME	FIRST NAME	TELEPHONE NUMBER	
PROFESSIONAL LICENSE / CERTIFICATE NUMBER	ISSUING STATE	NAME OF HOSPITAL OR MEDICAL CLINIC	
STREET ADDRESS	CITY, STATE	ZIP CODE	
MY PROFESSIONAL OPINION IS THAT THE APPLICANT'S GENDER IDENTITY IS: MALE FEMALE			

I certify that my practice includes the treatment and counseling of persons with gender identity concerns, including the individual named above, who is my patient. I certify under the penalty of perjury that all the information on this form is true and correct.

Date

Signature of Licensed Professional

Typed or Printed Name

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

IN THE MATTER OF

THE BIRTH RECORD OF _____

CASE NO._____

ORDER TO CHANGE GENDER MARKER ON BIRTH RECORD

This matter is before the Court on the Application to Change Gender Marker on the Birth Record of _______. The Court finds that the Ohio Revised Code permits a person to correct a birth record that, among other things, "has not been properly or accurately recorded." R.C. §3705.15. Further, "[n]o portion of the Ohio Revised Code prohibits using R.C. §3705.15 to change the sex marker on a birth certificate." *Ray v. McCloud*, S.D. Ohio No. 2:18-cv-272, 2020 U.S. Dist. LEXIS 247732, at *2 (Dec. 16, 2020).

The Court is satisfied from the evidence presented that reasonable cause exists to change the gender marker on the birth record, as requested. Therefore, the Court grants the Application to Change Gender Marker on Birth Record.

The Court orders that the gender marker on the birth record of _______shall be changed to indicate the gender of the individual as:

Male

Female

A copy of this Order to Change Gender Marker on Birth Record shall be forwarded to the Director of Health, at Columbus, Ohio, as provided by law.

It is so ordered.

Date

Jack R. Puffenberger, Probate Judge

CERTIFICATION OF ORDER

The above Order to Change Gender Marker on Birth Record is a true copy of the original kept by me as custodian of the records of this Court.

Jack R. Puffenberger, Probate Judge

By:

Deputy Clerk

(Seal)

Date

LCPC FORM- COBR-GM Order to Change Gender Marker on Birth Record