

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

day of _____, 20____

Official Character

*Sworn to before me and signed in my presence
by the applicant/registrant named above on this*

(SEAL)

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