

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

SUGGESTED DOCUMENTS THAT WILL SUPPORT THE DATE AND PLACE OF BIRTH
AND PARENTAGE
AND WHERE THEY MAY BE OBTAINED

1. Baptismal record, Confirmation, or other church record.
2. Physician's office record or sworn statement of midwife or attendant
3. Hospital nursery or clinic record
(Contact the Superintendent of hospital, nursery or clinic in which the birth occurred)
4. Birth Announcement published in newspaper
5. Insurance Policy Application
(If you do not have the application which is usually attached to the policy a statement from the files of the insurance company may be obtained)
6. Marriage Application or children's birth records
(Certified copies may be obtained from the Bureau of Vital Statistics of the State in which the events occurred)
7. Voting Registration
(Obtain a copy from the Clerk of the County Board of Elections)
8. Savings Account Application
(Contact Bank or Savings Institution through which application was made. Please note that the only information in which we are interested is data pertaining to date and place of birth of the applicant and the date of the account application)
9. Federal or Census Enumeration
10. Lodge or Society Application
(A copy of the entrance application may be obtained from the Secretary of Lodge)
11. Social Security Application
(Contact your nearest Social Security Office for information on how to obtain a copy of your application)
12. Hospital Record
(If registrant was a patient in a hospital at least five years ago, a statement regarding date and place of birth at time of admission may be obtained from the hospital Record Librarian)
13. Military Discharges, Passports, Family Bible, Baby Book, Family History, Driver's License, Employment Record



WARREN COUNTY
COMMON PLEAS COURT
PROBATE DIVISION

900 Memorial Drive, Lebanon, Ohio 45036

CHECKLIST FOR REGISTRATION OF BIRTH RECORD

- _____ Registration of Birth Record Application
- _____ A letter from the Department of Health in the county where the person was born and a letter from the Vital Statistics Department in Columbus, Ohio stating that they have no birth record on file for the person
- _____ Three documents that show the birth information (see attached sheet for list of suggested documents)
- _____ Signature of physician or two witnesses to complete, sign and have their signatures notarized (see back of application form)
- _____ Your signature must be notarized
- _____ Filing fee of \$23.00

Judge Joseph W. Kirby
Probate – Juvenile Court
900 Memorial Drive, Lebanon, Ohio 45036
