

ALLEN COUNTY PROBATE COURT

TODD E. KOHLRIESER, JUDGE

1000 Wardhill Ave.

Lima, Ohio 45805

Telephone: (419) 223-8501

INSTRUCTIONS FOR CORRECTION OF BIRTH RECORD

1. An Application for Correction of Birth Record can only be filed for an **Ohio** birth.
2. The father's name cannot be added or deleted from a birth certificate through the Probate Court. To add or delete a father's name on a birth certificate when the parents are not married you must contact the Child Support Enforcement Agency.
3. The Application for Correction of Birth Record must be supported by the affidavit of the physician in attendance. If such affidavit is not available, the Court will make the determination if anything further will be required regarding the physician's affidavit. Also, affidavits of at least two (2) persons having knowledge of the facts must be furnished. Such persons may be members of the immediate family, friends or neighbors who are familiar with the facts by reason of personal contact with the family at the time of birth and should be at least five (5) years older than the applicant and able to testify to name, date, and place of birth. Such persons must be able to execute proper affidavits. Please have all affidavits notarized.
4. At least two (2) forms of documentary evidence must also be submitted to this court to support the facts listed on the Application. Please provide documentary evidence that gives the date of birth of the applicant, or the applicant's age at a certain date. Examples would be: family bible record, baptismal certificate, old insurance policy, marriage record, army discharge papers, school records, or voter's registration card. (Photocopies of documentation is acceptable, please do not send original records)

It is the policy of this Court that we have both affidavits and documentary evidence if at all possible.

5. A **certified copy** of the incorrect birth certificate must be submitted with the Applicant.
6. Please **type** or **print legibly** in ink. The Application is an official document. The information inside the box must be as it is on the **incorrect** birth certificate.
7. Court cost to file the Application is **\$87.00** and due at time of filing the Application.
8. Please do not send an Application to this Court unless all details have been followed. If it is incorrect, it will be returned to you.

A corrected Birth Certificate will be available from the Department of Health usually within 2 to 3 months of the date of the Probate Court Order. When a Birth Certificate is corrected, the incorrect birth certificate is then sealed.

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF THE CORRECTION OF BIRTH RECORD OF _____

CASE NO. _____

APPLICATION FOR CORRECTION OF BIRTH RECORD
[R.C. 3705.15]

In the Probate Court of _____ County on the _____ day of _____
 20__ appeared _____ requesting that their birth record be
 corrected in accordance with Section 37.05.15 of the Revised Code as follows:

Information recorded in this box should match information currently listed on the Birth Record			
Child's Information			
1. Full Name of Child _____	2. Date of Birth _____	3. Place of Birth (city and county) _____	4. Sex _____
Information of parent(s) currently listed on the Birth Record			
5. Parent's Name _____		6. Parent's Name _____	
7. Place of Birth _____	8. Date of Birth _____	9. Place of Birth _____	10. Date of Birth _____

ITEMS TO BE CORRECTED OR ADDED

Box No. _____	Reads as _____	Should Read _____
Box No. _____	Reads as _____	Should Read _____
Box No. _____	Reads as _____	Should Read _____
Box No. _____	Reads as _____	Should Read _____

The undersigned being first duly sworn, says the facts stated in the foregoing Application are true as they verily believe and pray that the Court order the correction of the registration of birth.

Signature of Registrant or Applicant

Address

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

JOURNAL ENTRY ORDERING CORRECTION OF BIRTH RECORD

The Court on consideration of the evidence submitted finds and orders that notice of hearing be dispensed with and the birth record of registrant be corrected in accordance with the facts set forth above and that a certified copy of the order of the Court be forthwith transmitted to the Director of Health as provided by law.

Probate Judge

By: _____
Deputy Clerk

SUPPORTING AFFIDAVITS

IN THE MATTER OF THE CORRECTION OF BIRTH OF RECORD _____

State of Ohio, _____ **Affidavit of Physician**
(Name of Attending Physician)

The undersigned, being first duly sworn, deposes and says that they were the physician in attendance at the birth of _____ and that the facts stated herein are true as they verily believe.
(Name of Applicant)

Signature of Attending Physician

Address

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavits of two persons having personal knowledge of the facts.

State of Ohio, _____ **Affidavit**
(Name of Affiant)

The undersigned, being first duly sworn, deposes and says that they have read the application of _____ and that they have personal knowledge of the facts therein and that the statements made in the application are true as they verily believe.
(Name of Applicant)

Signature of Affiant

Address

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

State of Ohio, _____ **Affidavit**
(Name of Affiant)

The undersigned, being first duly sworn, deposes and says that they have read the application of _____ and that they have personal knowledge of the facts
(Name of Applicant)
therein and that the statements made in the application are true as they verily believe.

Signature of Affiant

Address

Sworn to before me and subscribed in my presence this _____ day of _____, 20 _____.

Notary Public

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ADDITIONAL INFORMATION NEEDED:

Applicant's Information:

Name: _____ Age _____
(If married woman, please give maiden name and married name)

Address: _____

Phone #: _____

Witness No. 1 Information:

Name: _____ Age _____

Address: _____

Relationship to Applicant: _____

Witness No. 2 Information:

Name: _____ Age _____

Address: _____

Relationship to Applicant: _____

Please verify the following information as pertains to your birth certificate:

Full Name (at time of birth): _____

Exact Place of Birth: _____

Male or Female: _____ Date of Birth: _____

Name of Father: _____

Age of Father (at time of this birth): _____

Birthplace of Father: _____

Name of Mother (Maiden): _____

Age of Mother (at time of this birth): _____

Birthplace of Mother: _____