PROBATE COURT OF BUTLER COUNTY, OHIO

JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF _____

CASE NO. _____

APPLICATION FOR CORRECTION OF BIRTH RECORD

[R.C. 3705.15]

In the Probate Court of Butler 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

CASE NO. _____

SUPPORTING AFFIDAVITS

IN THE MATTER OF: _____

State of Ohio, _____. Affidavit of 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

CASE NO. _____

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.

_____
Signature of Affiant

_____
Address

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

_____
Notary Public

Print Form