Ohio Department of Health • Bureau of Vital Statistics

Finding and Order Establishing 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 ☐ Male ☐ 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 was presented to the court to support the 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

I, JOHN M. HOLCOMB, Judge and ex-officio Clerk of the Probate Court in and for _____ County, Ohio, do hereby certify that the above is a true summary of the record of the finding and order of this Court in an action for the registration of the birth of _____, Case Number _____. I hereby transmit the within summary to the State Director of Health who shall file the same in the records of the State Bureau of Vital Statistics at Columbus, Ohio, as provided by law. In Witness I have hereunto set my hand and affixed the official seal of said Court at _____ Ohio, this _____ day of _____, 20_____.

_____
Probate Judge

By _____
Deputy Clerk