

## INSTRUCTIONS FOR CORRECTION OF BIRTH RECORD

(All forms must be typewritten)

If you were born in the State of Ohio and you have discovered an error on your birth record, you may apply to the Probate Court to have it corrected. You must apply:

1. In the Probate Court in the county where the birth occurred
2. In the Probate Court in the county where the person resides
3. In the Probate Court of the county in which the mother resided at the time of the birth

**A father's name cannot be added or deleted from a birth certificate through Probate Court. Please see Frequently Asked Questions (FAQ) for further information.**

To file a Correction of Birth, you will need to provide an affidavit signed by the physician in attendance at the birth, if you are unable to obtain one, you will need to provide an affidavit from no more than two people at least 7 years older than you who have personal knowledge of your birth. You must also have at least four documents to support your application; the Court considers the following acceptable documents:

1. Baptismal Record or Hospital Record
2. DD214 (military discharge)
3. Insurance Policies which show the date of birth
4. Certified copy of Marriage Application
5. Certified copy of School Records (this can be obtained from the Board of Education)
6. Family Bible or Church Records
7. Voter Registration
8. Medicare/Medicaid Application
9. Social Security Application
10. Income Tax Records (IRS)
11. Bank Account Records
12. Obituaries of Family Members
13. Children's Birth Records
14. Lodge Records (VFW, Monkeys, FOP, Moose, etc.)
15. Federal Census Records

**At the initial filing you will need the following:**

1. HEA form 2783 completed and notarized (this can be obtained from Probate Court or our website) the backside of the form provides space for the Affidavit of Physician or the Affidavit of no more than two persons (at least seven years older than the applicant) having knowledge of the facts in the application.
2. Four pieces of Documentary evidence (see examples above)
3. A certified copy of your existing birth certificate
4. A valid Photo identification (drivers license, state I.D. or passport)
5. \$80.00 cash or check. Please confirm the amount with the clerk prior to filing

To correct a date of birth, you must have proof of the date the attending physician signed the birth record or the date the local registrar filed the record of birth.

Once the Correction of Birth is approved, the Clerk will send a certified copy of the Journal Entry to the Ohio Department of Health.

You must also send a certified copy of the Order Correcting Birth Record along with Form HEA 2709 to:

**Ohio Department of Health  
Office of Vital Statistics  
246 North High St., 1<sup>st</sup> Floor, Revenue Room  
P.O. Box 15098  
Columbus, OH 43215-0098**

Include a check or money order payable to **Treasurer, State of Ohio**, who will then seal the old birth certificate and create a corrected one. The Ohio Department of Health will then send you and the local registrar a copy of your new birth certificate. If you have not received your new birth certificate in a reasonable amount of time, please contact the Ohio Department of Health at (614) 466-2531.

**CORRECTION OF BIRTH RECORD**

**Application, Finding and Order for Correction of Birth Record**

Case Number \_\_\_\_\_

In the Probate Court of Butler County on the \_\_\_\_\_ of day \_\_\_\_\_ appeared \_\_\_\_\_ praying that his/her birth record be corrected in accordance with Section 3705.15 of the revised code as follows:

<b>Information recorded in this box should match information currently listed on the Birth Record.</b>			
<b>Child's Information</b>			
Full Name of Child		Date of Birth	Place of Birth (city and county)
<b>Information of Parent(s) currently listed on the Birth Record</b>			
Parent's Name		Parent's Name	
Place of Birth	Date of Birth	Place of Birth	Date of Birth

ITEMS TO BE CORRECTED OR ADDED

ITEM \_\_\_\_\_ READS AS \_\_\_\_\_ SHOULD READ \_\_\_\_\_

ITEM \_\_\_\_\_ READS AS \_\_\_\_\_ SHOULD READ \_\_\_\_\_

ITEM \_\_\_\_\_ READS AS \_\_\_\_\_ SHOULD READ \_\_\_\_\_

ITEM \_\_\_\_\_ READS AS \_\_\_\_\_ SHOULD READ \_\_\_\_\_

The undersigned being first duly sworn, says the facts stated in the foregoing Application are true as he/she verily believes and prays that the Court order the registration of birth.

\_\_\_\_\_  
Registrant or Applicant

\_\_\_\_\_  
Address

Sworn to before me and signed in my presence by the applicant or registrant aforesaid this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
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 record of registrant be corrected in accordance with the facts hereinabove set forth: and that a certified copy of the order of the Court 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.

(SEAL)

By \_\_\_\_\_

Magistrate, Judge or Deputy Clerk

**SUPPORTING AFFIDAVITS**  
**In the Matter of the Correction of Birth of**

\_\_\_\_\_ **State of Ohio, Butler County** **Affidavit of Physician**

The undersigned, being first duly sworn, deposes and says that he was the physician in attendance at the birth of \_\_\_\_\_ the applicant and that the facts stated herein are true as he/she verily believes.

\_\_\_\_\_  
(Name of Applicant at Birth)

\_\_\_\_\_  
(Attending Physician)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official Title)

**NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavit, relative or non-relative, having personal knowledge of the facts.**

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**State of Ohio, Butler County** **Affidavit**

The undersigned, being first duly sworn, deposes and says that he/she is \_\_\_\_\_ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being \_\_\_\_\_  
(state relationship, if any, or state facts showing personal knowledge)  
and that the statements made in the application are true as he/she verily believes.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official Title)

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**State of Ohio, Butler County** **Affidavit**

The undersigned, being first duly sworn, deposes and says that he/she is \_\_\_\_\_ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being \_\_\_\_\_  
(state relationship, if any, or state facts showing personal knowledge)  
and that the statements made in the application are true as he/she verily believes.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official Title)

# Ohio Department of Health • Vital Statistics

## Application For Certified Copies

### CERTIFICATE REQUESTED

<input type="checkbox"/> <b>Birth Certificate</b> \$21.50 per certified copy	<input type="checkbox"/> <b>Paternity Affidavit</b> \$7.00 per certified copy
<input type="checkbox"/> <b>Death Certificate</b> \$21.50 per certified copy	<input type="checkbox"/> <b>Stillbirth Abstract</b> (No Cause of Death) Free to birth parents <input type="checkbox"/> <b>Fetal Death Certificate</b> (Cause of Death shown) \$21.50 per certified copy

#### Mailing Address

Send completed application with required fee to:

Ohio Department of Health  
 Vital Statistics  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

### RECORD INFORMATION (Information about the person on the requested record)

Full Name <i>(for birth, indicate child's full name as shown on the original birth record)</i> :		If Name was Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input type="radio"/> Mother <input checked="" type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

### CHARGES Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"

<b>Birth:</b>	Please indicate if you are requesting the certificate for any of the following purposes: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of birth record copies: _____ x \$21.50 = \$ _____
<b>Death:</b>	<input checked="" type="radio"/> <b>No</b> , I do not need the Social Security Number included. <input type="radio"/> <b>Yes</b> , I request a copy with the SSN included. You must attach a copy of your identification showing you are an authorized requestor (see instructions page for complete listing of authorized requestors).	Number of death record copies: _____ x \$21.50 = \$ _____
<b>Acknowledgment of Paternity (AOP):</b>	<b>Central Paternity Registry 6-digit Number</b> <i>(please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):</i>	Number of AOP copies: _____ x \$7.00 = \$ _____
<b>Fetal Death or Stillbirth:</b>	Did the stillbirth event occur at 20 weeks or less gestation? <input checked="" type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b> <i>(This information will help us determine how the record has been filed)</i>	Number of stillbirth abstract certificates: _____ <i>(Free to birth parents)</i> Number of fetal death record copies: _____ x \$21.50 = \$ _____
<b>Total Amount Due:</b> Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded.		\$ _____

### APPLICANT INFORMATION (Information about the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:	Email:
Street Address:	Phone Number:
City, State, & ZIP:	Signature of Applicant: