INSTRUCTIONS FOR REGISTRATION OF BIRTH RECORD
(THE STATE REQUIRES THAT ALL FORMS BE TYPEWRITTEN)

If you were born in the State of Ohio and you have discovered no birth certificate was registered for you, you may file an application in the Probate Court to have it registered. If the child is a minor, the application must be signed by either parent or the person's guardian.
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

Before filing an application to register a birth, *you must obtain a statement or letter from the State of Ohio Department of Health* ***AND*** *from the local office where your birth should have been recorded, stating that there is no record of your birth (see page 2 for addresses).*

To file an Application to Register 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 two people at least seven 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 2782 (Application, Finding and Order for Registration of Birth) 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 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 letter from the State of Ohio ***AND*** from the local office where your birth should have been recorded
4. A valid photo identification (drivers license, state I.D. or passport)
5. $82.00 cash or check. Please confirm the amount with the clerk prior to filing

If, upon review, the evidence is found to be acceptable, the Judge will issue a Journal Entry for the registration of birth. You will be given two (2) certified copies of the Journal Entry. Send one (1) certified copy with a $16.50 check or money order payable to the Treasurer, State of Ohio, along with form HEA form 2709 to:

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

10/29/2025

Vital Statistics will register the record of your birth, create a birth certificate for you and send a certified copy to you. If you have not received your new birth certificate within a reasonable amount of time, please contact the Ohio Department of Health at (614) 466-2531.

To obtain a letter stating that no birth certificate was recorded (this is required prior to your filing the Application with the court), use the following addresses:

REQUIRED FOR ALL REGISTRATIONS: Ohio Department of Health Office of Vital Statistics 246 North High St., 1st Floor, Revenue Room P.O. Box 15098 Columbus, OH 43215-0098 (614) 466-2531	**FOR BIRTHS IN THE CITY OF HAMILTON:** City of Hamilton Health Department One Renaissance Center 345 High Street Hamilton, OH 45011 (513) 785-7080
FOR BIRTHS WITHIN THE CITY OF MIDDLETOWN: City of Middletown Health and Vital Statistics Division One Donham Plaza Middletown, OH 45042 (513) 425-1818	**FOR ALL OTHER BIRTHS IN BUTLER COUNTY:** Butler County Board of Health 301 S. Third Street Hamilton, OH 45011 (513) 863-1770

If you were born in another county other than Butler County, please contact the local health department where your birth certificate should have been recorded and obtain a letter or statement from that department in addition to the one you will need to obtain from the State of Ohio.

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 BUTLER 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 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

HEA 2782 (4/19)

Supporting Affidavits

In the Matter of the Registration of Birth of _____

The State of Ohio, BUTLER **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, BUTLER **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, BUTLER **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

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 BUTLER 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 BUTLER 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 BUTLER Ohio, this _____ day of _____, 20_____.

_____

Probate Judge

By _____

Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

John M. Holcomb, Judge

IN THE MATTER OF:

CASE NO. : _____

CERTIFICATE OF REQUEST FOR ADDITIONAL CERTIFIED COPIES

I,_____am requesting_____additional certified copies of the following documents.

The certified copies will be provided at a cost of 2.00 per additional copy.

_____

_____

_____

Applicant Information:

Applicant/Attorney _____

Typed or Printed Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

Attorney Registration No. _____