

**PROBATE COURT OF CLERMONT COUNTY, OHIO**

**JAMES A. SHRIVER, 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 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>			
1. Full Name of Child _____	2. Date of Birth _____	3. Place of Birth (city and county) _____	4. Sex _____
<b>Information of parent(s) currently listed on the Birth Record</b>			
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 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.**

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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

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**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