

**PROBATE COURT OF LUCAS COUNTY, OHIO**  
**JACK R. PUFFENBERGER, JUDGE**

**INSTRUCTIONS FOR CORRECTION OF BIRTH RECORD**  
**(O.R.C. 3705.15)**

1. Applicant must be BORN IN OHIO and must file in the County of his/her birth, his/her residence or his/her Mother's residence (at the time of his/her birth).
2. Application for Correction of MINOR'S birth certificate must be filed by either parent or the child's guardian.
3. One **original application form** must be submitted. It must be completely filled out by **typing or printing legibly in black ink and signed before a Notary or person authorized to administer oaths (Deputy Clerk)**.
4. The application must be supported by at least **two of the following**:
  - a) An affidavit from:
    - 1) The attending physician, if applicable.
    - 2) A person having personal knowledge of the facts and personal contact with the certificant at the time of the birth (such as family, friends, etc.).
    - 3) If the application is for correction of a MINOR'S name on the certificate, an affidavit from the parent, who is not the applicant, unless the child was born out-of-wedlock and the father was never determined.

\* Those listed above must sign before a Notary or person authorized to administer oaths.
  - b) Documentary Evidence such as:
    - 1) Certificate of Attendance at Birth
    - 2) Certificate of attending physician at birth.
    - 3) Original Baptismal Records.
    - 4) Military records prior to 1935
    - 5) Official school record (Must show school attendance in place of birth and date of birth.
    - 6) Insurance Application executed 10 years prior (Must show date of birth and place of birth.
    - 7) Marriage Application (Not Marriage License)
5. Return these forms to the Probate Court with the Court Costs \$28.00. The Court will then process your application, however, a hearing on the application may be required. Upon approval of the application, the Probate Court will forward an Order to Columbus to prepare the corrected Birth Certificate.
8. In several months, complete the second form we have given you (Application for Certified Copies) and send it with a \$21.50 check made out to "Treasurer, State of Ohio Application for Certified Copies" to Columbus. You may include the "Application for Certified Copies" and a check made out to "Treasurer, State of Ohio Application for Certified Copies" for \$21.50 when making your Application and we will send it to Columbus with the Application for Correction of Birth Record to expedite the new Birth Certificate.
9. Please complete all forms correctly. If there are any questions, please contact the Lucas County Probate Court at (419) 213-4775.

Must be **typewritten** – Do not fold. All Facts must be given as of **Time of Birth**

## CORRECTION OF BIRTH RECORD

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

OHIO Case No. \_\_\_\_\_ Doc. \_\_\_\_\_ Page \_\_\_\_\_

In the Probate Court of \_\_\_\_\_ County, on the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, appeared \_\_\_\_\_

*Name of Registrant*

praying that his/her birth record be corrected in accordance with Section 3705.15 of the revised code, as follows:

<b>Child</b>	Full Name (at time of birth)		Social Security No.
	Exact Place of Birth	Date of Birth <span style="float: right;"><input type="checkbox"/> Male <input type="checkbox"/> Female</span>	
<b>Father</b>	Name of Father	<b>Mother</b>	Maiden Name of Mother
	Age of Father ( <i>at time of this birth</i> )		Age of Mother ( <i>at time of this birth</i> )
	Birthplace of Father		Birthplace of Mother

#### Item(s) to be corrected or added

Item \_\_\_\_\_ reads as \_\_\_\_\_ should read \_\_\_\_\_

Item \_\_\_\_\_ reads as \_\_\_\_\_ should read \_\_\_\_\_

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Item \_\_\_\_\_ reads as \_\_\_\_\_ should read \_\_\_\_\_

Item \_\_\_\_\_ reads as \_\_\_\_\_ should read \_\_\_\_\_

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

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

\_\_\_\_\_  
Address

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

(SEAL)

\_\_\_\_\_  
Official Character

#### Journal Entry

*The Court on consideration of the aforesaid evidence submitted finds and orders that said 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.*

\_\_\_\_\_  
Judge Jack R. Puffenberger

*I hereby certify the above is a true copy of the application and entry in the foregoing matter.*

\_\_\_\_\_  
Judge Jack R. Puffenberger

(SEAL)

By \_\_\_\_\_  
Deputy Clerk

**Supporting Affidavits**  
**In the Matter of the Correction of Birth Record of**

State of Ohio, \_\_\_\_\_ County: ss.

**Affidavit of Physician**

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

\_\_\_\_\_  
(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.

State of Ohio, \_\_\_\_\_ County: ss.

**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 \_\_\_\_\_

\_\_\_\_\_ and that the  
(State relationship, if any, or state facts showing personal knowledge)  
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)

State of Ohio, \_\_\_\_\_ County: ss.

**Affidavit**

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\_\_\_\_\_ and that the  
(State relationship, if any, or state facts showing personal knowledge)  
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)

Must be **typewritten** – Do not fold. All Facts must be given as of **Time of Birth**

# CORRECTION OF BIRTH RECORD

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	Age of Father ( <i>at time of this birth</i> )		Age of Mother ( <i>at time of this birth</i> )
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Item \_\_\_\_\_ reads as \_\_\_\_\_ should read \_\_\_\_\_

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

\_\_\_\_\_  
Address

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

(SEAL)

\_\_\_\_\_  
Official Character

### Journal Entry

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Judge Jack R. Puffenberger

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(SEAL)

By \_\_\_\_\_  
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stated herein are true as he/she verily believes.

\_\_\_\_\_  
(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, \_\_\_\_\_ County: ss.

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(State relationship, if any, or state facts showing personal knowledge)

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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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 • Office of Vital Statistics

# APPLICATION FOR CERTIFIED COPIES

**Walk-in service** (allow 30-60 minutes)  
 (8:00 AM – 5:00 PM, Mon–Fri, closed holidays)  
 Ohio Department of Health  
 Office of Vital Statistics  
 225 Neilston Street  
 Columbus, OH 43215  
 (614) 466-2531

**Mail-in order** (allow 2-4 weeks)  
 Send completed application with required fee to:  
 Ohio Department of Health, Revenue Room  
 246 North High Street, 1<sup>st</sup> floor  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

This space for office use only	
Order (AFS) number	
A	Initial
Volume number	Certificate number

### APPLICANT INFORMATION:

<b>Name of person making request:</b>	First	Middle	Last
<b>Mailing address:</b>	Street address		City
	State	Zip code	Phone number (      )
Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.			<b>Signature of Applicant:</b>

### REGISTRANT INFORMATION: (information about person whose vital record is being requested)

<input type="checkbox"/> <b>Birth</b> \$21.50 per certified copy or abstract	Name at birth ( <i>child's full name as shown on birth record</i> ):		Date of birth:
<input type="checkbox"/> <b>Stillbirth</b> Free to birth parents for stillbirths after Sept. 26, 2003	Place of birth ( <i>City/County in Ohio</i> ):		CPR stamp number ( <i>Paternity only</i> ):
<input type="checkbox"/> <b>Paternity Affidavit</b> \$7.00 per certified copy	Full maiden name of mother ( <i>prior to first marriage</i> ):	Full name of father:	
<input type="checkbox"/> <b>Heirloom Birth</b> \$25.00 per certified abstract	Have there been any corrections or legal changes made to certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If name was changed since birth, indicate new name:	

<input type="checkbox"/> <b>Death</b> \$21.50 per certified copy	Name of deceased:		Date of death:
<input type="checkbox"/> <b>Fetal death</b> \$21.50 per certified copy	Place of death ( <i>City/County in Ohio</i> ):		
	Full maiden name of mother ( <i>prior to first marriage</i> ):	Full name of father:	

**SEARCHES:** If the full legal name or date of event is unknown, the fee to search is \$3.00 per ten-year period. If the request is located and you would like a certified copy of the birth or death record, an additional charge of \$21.50 is required with the order. Searches will take 1 - 2 months to process. Submit this application providing as much identifying information known for the event. If not all information is known, provide as much as possible.

<input type="checkbox"/> <b>Record Search:</b> \$3.00 per ten year period searched	Full name of registrant:	For marriage/divorce, specify full name of spouse:
<input type="checkbox"/> <b>Marriage</b>	Date of event:	Place ( <i>City/County in Ohio</i> ):
<input type="checkbox"/> <b>Divorce</b>	Specify years to be searched:	
<input type="checkbox"/> <b>Birth</b>		
<input type="checkbox"/> <b>Death</b>		

### CHARGES:

Total number of standard copies or abstracts (birth, death, fetal death):	X \$21.50 =	\$
Total number of heirloom birth certificates:	X \$25.00 =	\$
Total number of paternity affidavits:	X \$7.00 =	\$
Total number of searching fees (\$3.00 per ten year period):	X \$3.00 =	\$
<b>TOTAL AMOUNT DUE:</b>		<b>\$</b>

For mail orders, please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO". Overpayment of \$2.00 or less will not be refunded.