REGISTRATION OF BIRTH

Application for Registration of Birth (Must be typewritten.)

In the Court of Common Pleas, Probate Division, _____ asks the Court to establish the facts of birth in accordance with ORC Section 3705.15 as follows:

					· · · · ·		on 3705.15 as fo			
CHILD	Full Name (at time of birth)									
	Exact Place of Birth				Date	Date of Birth			Female	
E.	Name of Father			MOTHER	Maiden Name of Mother					
FATHER	Age of Father (at the time of this birth)				Age of Mother (at the time of this birth) Birthplace of Mother					
	Birthplace of Father									
	The following evidence is presented	to the Court to sup	port the abo	ve fac	cts of t	he place and da	ite of birth and the pare	entage of the	e registrant to-wi	
D	OCUMENT OR NAME OF WITNESS	DATE OF RECORD	PLACE (OF BIF	RTH	DATE OF BIRTH	FATHER'S NAME	(Maiden) MOTHER'S NAME		
	Court to order the registration of said birth. Registrant's Signature Phone									
	Address									
	Sworn to before me and signed in my presence by the applicant or registrant this day of, 2006.									
	(SEAL)				Notary's Signature					
		,	JUDGM	EN'	ΓEI	NTRY				
	The Court, after consider with and the birth of the application. Further, the certified, be transmitted to	applicant be Court orders	registered that a su	d in mm	acco ary	ordance wit of the findi	th the facts set fings and order o	orth in to	he above	
	Date Journalized				Judg	<u> </u>				
	I hereby certify the above	is a true cop	y of the a	ıppl			y in the foregoin	ng matte	er.	

Deputy Clerk

Supporting Affidavits

IN THE MATTER OF THE REGISTRATION OF BIRTH- AFFIDAVIT OF PHYSICIAN

STATE OF OHIO,	
The undersigned, being first duly sworn, deposes	and says that he/she was the physician in attendance at the birth of
	the applicant. He/she has read the application and believes the facts
(Name of applicant at birth)	
stated herein are true.	
	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 physic the following affidavits of two persons having	ian cannot be secured, the application must be supported by personal knowledge of the facts.
STATE OF OHIO,	Affidavit
The undersigned, being first duly sworn, deposes	and says thathe is years of age, thathe has read
	dge of the facts stated therein by reason of being
	-g
(State relationship, if any, or state facts showing personal	-mowledge)
and that the statements made in the application a	e believed to be true.
	Signature of Affiant
	Address
	the said this
day of, 20	·
	Official Title
STATE OF OHIO,	Affidavit
The undersigned, being first duly sworn, deposes	and says thathe is years of age, thathe has read
he application and that _he has personal knowle	dge of the facts stated therein by reason of being
(State relationship, if any, or state facts showing personal	• *
and that the statements made in the application a	e believed to be true.
	Signature of Affiant
	Signature of America
	Address
Sworn to before me and signed in my presence by	the said this
day of, 20	
	Official Title
	Omoidi Titio