

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF: _____

CASE NO. _____

APPLICATION, FINDING AND ORDER FOR MODIFICATION OF BIRTH RECORD

Applicant asks for an Order of the Court to modify the birth record of [select one]:

applicant; the minor child of the applicant whose name is _____,
in accordance with R.C. 3705.15.

Information recorded in this box should match information currently listed on the Birth Record.			
Full Name of Applicant/Child	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (month/day/year)	Place of Birth (City and County)
Information of Parent(s) currently listed on the Birth Record.			
Parent's Full Name (including maiden name, if applicable)		Parent's Full Name (including maiden name, if applicable)	
Place of Birth	Date of Birth	Place of Birth	Date of Birth

Applicant has attached a copy of the original Birth Record and states that the following item(s) in the original Birth Record should be modified.

ITEMS TO BE MODIFIED, ADDED OR CHANGED

Item _____ Reads as _____ SHOULD READ

Item _____ Reads as _____ SHOULD READ

If more changes, please add an additional piece of paper.

The Applicant being first duly sworn says that the facts stated in the foregoing application are true as he/she verily believes and asks that the Court order the modification, change or registration of the birth record.

Signature of Applicant

Printed or Typed Name of Applicant

Address

City, State, Zip

Telephone Number

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF: _____

CASE NO. _____

JOURNAL ENTRY

The Court on consideration of the evidence submitted Orders that notice of hearing be dispensed with and the Birth Record of the Applicant be modified as set forth in the Application and that a certified copy of the Order of the Court be transmitted to the Director of Health at Columbus, Ohio as provided by law.

Probate Judge

I hereby certify the Application, Finding and Order for Modification of Birth Record is a true copy of the Application and Entry in the foregoing matter.

Deputy Clerk

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF: _____

CASE NO. _____

AFFIDAVIT

This Affidavit is to be completed by a physician, psychologist or nurse practitioner who is licensed to practice in the United States and certifies the gender identity of the Applicant.

Being first duly sworn, I depose and say: I am a Physician; Psychologist, Nurse Practitioner

Licensed Professional's Full Legal Name	
License/Certificate #	Issuing State
Name of Hospital/Medical Clinic	Telephone
Address	

My professional opinion is that the gender identity of the Applicant _____
is Female Male. Name

I certify that my practice includes treatment and counseling of persons with gender identity concerns, including the Applicant named above, who is my patient.

Affiant Signature

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary Public