

INSTRUCTIONS FOR REGISTRATION OF BIRTH RECORD

If you were born in the State of Ohio and you have discovered that no birth certificate was registered for you, you may file an application in the Probate Court to have it registered. If the individual 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 stating that there is no record of your birth at the following address: Ohio Dept. of Health, Office of Vital Statistics, 246 North High Street, 1st Floor, Revenue Room, P.O. Box 15098, Columbus, OH 43215

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 no more than two people 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, FOP, Moose, etc.)
15. Federal Census Records

At the initial filing you will need the following:

1. HEA form 2782 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 no more than two persons 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 where your birth should have been recorded
4. A valid Photo identification (drivers license, state I.D. or passport)
5. \$50.00 cash or check, or most major credit or debit cards with a \$2.00 or 3% convenience fee whichever is greater

If, upon review, the evidence is found to be acceptable, the Judge will issue a Journal Entry for Registration of Birth. You will receive a certified copy of the Journal Entry for your records. The Clerk will send a certified copy of the Journal Entry to Ohio Department of Health. Vital Statistics will then register the record of your birth and create a birth certificate for you.

To order a certified copy of your birth certificate, send a copy of the Court Order along with Form HEA 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

Include a check or money order payable to Treasurer, State of Ohio, who will then seal the old birth certificate and create a corrected one. The Ohio Department of Health will then send you and the local registrar a copy of your new birth certificate. If you have not received your new birth certificate in a reasonable amount of time, please contact the Ohio Department of Health at (614) 466-2531.

Ohio Department of Health
Bureau of Vital Statistics

Application for Registration of Birth

This form must be typewritten or printed legibly in ink. All facts must be given as of time of birth.

FOR THE STATE OF OHIO:

State File No.	Case File No.
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In the Probate Court of Auglaize 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 <input type="checkbox"/> Male <input type="checkbox"/> 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

Supporting Affidavits

In the Matter of the Registration of Birth of _____

The State of Ohio, _____ **County:** **AFFIDAVIT OF PHYSICIAN**

I, _____ do hereby certify that I was the physician in attendance 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, _____ **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, _____ **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 • Office of Vital Statistics Application for Certified Copies

- Birth \$16.50 per certificate ■ Check
- Death \$16.50 per certificate ■ Money Order
- Fetal death \$16.50 per certificate ■ Cash (Walk-in only)
- Stillbirth (free to birth parents only for births occurring after July 1, 2003)
- Paternity affidavit \$7.00 per affidavit
- Searching fee \$3.00 per 10 years

Do not write in this space
AFS number
Volume number.
Certificate number

■ Birth ■ Stillbirth ■ Paternity aff.	Name at birth		
	Date of birth	Place of birth (City/County in Ohio)	
	Full maiden name of mother		
	Full name of father		
	CPR stamp number (Paternity only)		
■ Death ■ Fetal death	Name of deceased		
	Date of death	Place of death City/County in Ohio	
	Full maiden name of mother		
	Full name of father		
Record search ■ Marriage ■ Divorced	Full name of husband		
	Full maiden name of wife		
	Marriage—date	Place City/County in Ohio	
	Divorce—date	Place City/County in Ohio	
	List years needing searched		

Important

Enclose check or money order. Each request must have the required fee and must be made payable to “TREASURER, STATE OF OHIO” Overpayment fee of \$2.00 or less will not be refunded.

HEA2709(Rev.8/05)

Name		
Address		
City	State	ZIP

Send completed application with the fee to:
 Ohio Department of Health
 Office of Vital Statistics
 246 North High Street, 1st floor, Revenue Room
 P.O. Box 15098
 Columbus, Ohio 43215-0098 (614) 466-2531