

PROBATE COURT OF _____ COUNTY, OHIO
_____, 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 37.05.15 of the Revised Code as follows:

Information recorded in this box should match information currently listed on the Birth Record			
Child's Information			
1. Full Name of Child _____	2. Date of Birth _____	3. Place of Birth (city and county) _____	4. Sex _____
Information of parent(s) currently listed on the Birth Record			
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 OF 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.

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

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

SUGGESTED DOCUMENTS THAT WILL SUPPORT THE DATE AND PLACE OF BIRTH
AND PARENTAGE
AND WHERE THEY MAY BE OBTAINED

1. Baptismal record, Confirmation, or other church record.
2. Physician's office record or sworn statement of midwife or attendant
3. Hospital nursery or clinic record
(Contact the Superintendent of hospital, nursery or clinic in which the birth occurred)
4. Birth Announcement published in newspaper
5. Insurance Policy Application
(If you do not have the application which is usually attached to the policy a statement from the files of the insurance company may be obtained)
6. Marriage Application or children's birth records
(Certified copies may be obtained from the Bureau of Vital Statistics of the State in which the events occurred)
7. Voting Registration
(Obtain a copy from the Clerk of the County Board of Elections)
8. Savings Account Application
(Contact Bank or Savings Institution through which application was made. Please note that the only information in which we are interested is data pertaining to date and place of birth of the applicant and the date of the account application)
9. Federal or Census Enumeration
10. Lodge or Society Application
(A copy of the entrance application may be obtained from the Secretary of Lodge)
11. Social Security Application
(Contact your nearest Social Security Office for information on how to obtain a copy of your application)
12. Hospital Record
(If registrant was a patient in a hospital at least five years ago, a statement regarding date and place of birth at time of admission may be obtained from the hospital Record Librarian)
13. Military Discharges, Passports, Family Bible, Baby Book, Family History, Driver's License, Employment Record



WARREN COUNTY
COMMON PLEAS COURT
PROBATE DIVISION

900 Memorial Drive, Lebanon, Ohio 45036

CHECKLIST FOR BIRTH CORRECTION

- Correction of Birth Record Application
- A certified copy of the incorrect birth record
- Three documents that show the correct birth information (see attached sheet for list of suggested documents)
- Signature of physician or two witnesses to complete, sign and have their signatures notarized (see back of application form)
- Your signature must be notarized
- Filing fee of \$23.00

Judge Joseph W. Kirby
Probate – Juvenile Court
900 Memorial Drive, Lebanon, Ohio 45036

PROBATE COURT OF WARREN COUNTY, OHIO
Joseph W. Kirby, Judge

IN RE BIRTH CORRECTION OF _____
CASE NUMBER _____

**LICENSED PROFESSIONAL STATEMENT
TO CORRECT GENDER RECORD ON BIRTH RECORD**

LICENSED PROFESSIONAL'S STATEMENT

To be completed by a physician, psychologist, therapist, nurse practitioner, or social worker who is licensed to practice in the United States that certifies the gender identity of the applicant.

- PHYSICIAN NURSE PRACTITIONER PSYCHOLOGIST
 THERAPIST SOCIAL WORKER OTHER: _____

LICENSED PROFESSIONAL'S LAST NAME	FIRST NAME	TELEPHONE NUMBER
PROFESSIONAL LICENSE / CERTIFICATE NUMBER	ISSUING STATE	NAME OF HOSPITAL OR MEDICAL CLINIC
STREET ADDRESS	CITY, STATE	ZIP CODE
MY PROFESSIONAL OPINION IS THAT THE APPLICANT'S GENDER IDENTITY IS: <input type="radio"/> MALE <input type="radio"/> FEMALE		

Please attach any additional or supporting medical documentation to this Licensed Professional Statement.

I certify that my practice includes the treatment and counseling of persons with gender identity concerns, including the applicant named above, who is my patient. I certify under the penalty of perjury that all the information on this form is true and correct.

Licensed Professional Signature Date

Licensed Professional Work Address

Name of Licensed Professional (Print or Type)

City, State, ZIP Code

Licensed Professional State License Number

Phone Number



WARREN COUNTY
COMMON PLEAS COURT
PROBATE DIVISION

900 Memorial Drive, Lebanon, Ohio 45036

**CHECKLIST FOR GENDER MARKER (TRANSGENDER)
CORRECTION OF BIRTH RECORD**

- _____ Application for Correction of Birth Record – Gender Marker
- _____ The Court requires a **certified** copy of the incorrect birth certificate
- _____ Your signature must be notarized
- _____ Licensed Professional Statement to Correct Gender on Birth Record
- _____ Filing fee of \$23.00

Judge Joseph W. Kirby
Probate – Juvenile Court
900 Memorial Drive, Lebanon, Ohio 45036
