

# PROBATE COURT OF PORTAGE COUNTY, OHIO

PATRICIA J. SMITH, JUDGE

IN THE MATTER OF THE BIRTH RECORD OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## APPLICATION TO CHANGE SEX MARKER ON BIRTH RECORD

Applicant requests that the Court issue an Order changing the sex marker on the birth record pursuant to R.C. §3705.15.

All available facts required on the birth record are as follows:

| Information recorded in this box should match information listed on the Birth Record.            |   |   |                                     |
|--|---|---|-------------------------------------|
| Full Name  | Sex<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male | Date of Birth (month/day/year)                        | Place of birth<br>(city and county) |
| Information of Parent(s) listed on the Birth Record  |   |   |                                     |
| Parent's Name  |   | Parent's Name   |                                     |
| Place of Birth   | Date of Birth   | Place of Birth  | Date of Birth                       |
| Has a legal name change been granted <input type="checkbox"/> Yes<br><input type="checkbox"/> No |   | Court that granted legal name change:<br><br>Case No. |                                     |

A true and accurate copy of the original birth record to be changed is attached to this application.

Applicant states that they identify as the sex opposite of that which is currently indicated on the birth record. Therefore, Applicant requests that the birth record for the above-named individual be changed to reflect the sex with which they identify.

Two affidavits and a statement from a licensed professional accompany this Application in support of the requested birth record change.

Therefore, Applicant requests the Court order the birth record to be changed to the sex opposite of that currently listed on the individual's birth record.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Type or Printed Name

**CONSENT OF PARENTS OR GUARDIANS**

The undersigned, being the parents or Legal Guardians of a minor who is the subject of this application, do consent to the change of the sex marker on the birth record as proposed and waive notice of any hearing on the matter.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name