## Ohio Department of Health

## **Bureau ofVital Statistics**

## **Application for Registration of Birth**

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

FOR T	THE STATE OF OHIO:	State File N	State File No.		(					
In the	Probate Court of	Po	Portage		County, on the				day of	
									aay o.	
	, 20_	, a	ppeared			Nam	ne of Applicant			
prayir	ng that the facts of birth	be establishe	d in accordance	with se	ctio	n 3705.15	of the Revised	Code	as follows:	
۵	Full name at time of birth									
CHILD	City and County of birth				Date of birth Sex Male Fema			√ale ☐ Female		
	Name of Parent (Mother) before first marriage				Name of Parent (Father) before first marriage					
PARENT	Age of Parent (Mother) at time of birth				Age of Parent (Father) at time of birth					
PA	Birthplace of Parent (Mother)				Birthplace of Parent (Father)					
The fo	Ilowing evidence is presente	d to the court t	o support the abov	e facts o	f the	place and da	ate of birth and pa	arents	of the registrant to wif	
	cument or name of witness	Record Date	Record Date Documented place			Birth Date	Parent Nam		Parent Name	
		., .,					., ., ., .,			
	dersigned being first duly swoi he registration of said birth.	rn, says that the	facts statea in the j	roregoing	Арр	iication are ti	rue as tney verily b	elleve,	ana prays that the coul	
			Registrant or Applicant							
Sworn to before me and signed in my presence					Address					
by the applicant/registrant named above on this				day of, 20						
(SEAL)				Notary						
register	l Entry urt on consideration of the afor red in accordance with the facts he Director of Health, at Colum	s herein-above s	et forth; and that a s							
							bate Judge			
I hereb	y certify the above is a true cop	by of the applica	ation and entry in th	e foregoi	ng m		tricia J. Smith			
(SEAL)				Probate Judge						
	(SEAL)		Ву							
			<i></i>			De	puty Clerk			