Ohio Department of Health • Bureau of Vital Statistics

Finding and Order Establishing Registration of Birth

THIS FORM MUST BE TYPEWRITTEN OR F FOR THE STATE OF OHIO:			State File No.		K INK. ALL FACTS MUST BE GIVEN AS OF TIME OF BI Case File No.			S OF TIME OF BIRT	
					County, on the			day of	
		, 20	_, appeared						
nra	aying that the facts of bir							d Code as follow	
-	Full name at time of birth								
CHILD	City and County of Birth				Date of Birth Sex Male Female				
PARENT	Name of Parent (Mother) before first marriage			_	Name of Parent (Father) before first marriage				
	Age of Parent (Mother) at time of birth			PARENT	Age of Parent (Father) at time of birth				
	Birthplace of Parent (Mother)			PA	Birthplace of Parent (Father)				
ne fo	lowing evidence was present	ed to the c	ourt to support the fact	s of the	place and da	te of birth and pare	ents of the	e registrant to wit.	
	ument or name of witness	Record Date	Documented place of bir		Birth	Parent Name		Parent Name	
			I						
	I, Patricia J. Smith , Judge and ex-officio Clerk of the Probate Court in and for Portage County, Ohio, do hereby certify that the above is a true summary of the record of the finding and order of this Court in an action for the registration of the birth of								
the same in the records of the State Bureau of Vital Statistics at Columbus, Ohio, as provid							aw. In W	/itness I have	
	hereunto set my hand and affi	xed the off	icial seal of said Court a	al of said Court at Portage			Ohio, this		
	day of	. 20							

Patricia J. Smith

Probate Judge

Ву _____

Deputy Clerk