

## **Birth Registration Correction**

- To file a birth registration correction in the Trumbull County Probate Court, the birth in question must have occurred in Ohio. You may file in any one of the following three counties:
  - In the Ohio county where the birth occurred;
  - In the Ohio county where the individual presently resides; or
  - In the Ohio county where the mother of the individual resided at the time of the birth.
- The individual filing the application for birth registration correction must either be the individual with the erroneous information on their birth certificate or they must be the parent or guardian of a minor with erroneous information on their birth certificate.
- A birth registration correction is available only if the information on the birth certificate is a true error, and it is not a substitute for other legal remedies such as adoption, paternity actions, or name changes.
- You must submit the following to the Court for a Birth Registration Correction:
  - Form HEA 2783 Correction of Birth Record fully completed and notarized by the applicant. This form also must contain the notarized signature of the physician attending the birth and/or the notarized signature of two individuals who had actual knowledge of the birth and of the change being made from the time of birth. If the change is of a minor's birth registration, the parent who is not the applicant should also sign the form in front of a notary.
  - A certified copy of the birth certificate being corrected, certified within 30 days
  - If the applicant is seeking to change the gender of the individual on the birth certificate, he or she will need to produce documentation from a physician indicating that the individual has been the gender the certificate is being changed to since birth.
  - Significant evidence of the facts alleged on Form HEA 2783 must also be provided. Examples of evidence that the Court will consider include, but is not limited to, the following:
    - Certificate of baptism
    - Official school records or transcripts
    - Medical records
    - Letters from hospitals or doctors
    - DNA testing results sent directly to the Court from the lab
    - Certified marriage licenses
    - Honorable Discharge from the U.S. Armed Forces (DD 214)
    - Certified court or government records
  - Filing fee of \$27.00.

The Court will review your filings and determine if there is sufficient information provided. The Court may request that you make additional filings and may hold a hearing on the matter. Filing of all of the above information does not guarantee any result.

# CORRECTION OF BIRTH RECORD

## Application, Finding and Order for Correction of Birth Record

Case Number \_\_\_\_\_

In the Probate Court of \_\_\_\_\_ County on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
appeared \_\_\_\_\_ praying that his/her birth record be corrected in accordance with Section  
3705.15 of the revised code as followed:

Information recorded in this box should match information currently listed on the Birth Record.			
<b>Child's Information</b>			
Full Name of Child		Date of Birth	Place of Birth (city and county)
<b>Information of Parent(s) currently listed on the Birth Record</b>			
Parent's Name		Parent's Name	
Place of Birth	Date of Birth	Place of Birth	Date of Birth

### ITEMS TO BE CORRECTED OR ADDED

ITEM \_\_\_\_\_ READS AS \_\_\_\_\_ SHOULD READ \_\_\_\_\_

ITEM \_\_\_\_\_ READS AS \_\_\_\_\_ SHOULD READ \_\_\_\_\_

ITEM \_\_\_\_\_ READS AS \_\_\_\_\_ SHOULD READ \_\_\_\_\_

ITEM \_\_\_\_\_ READS AS \_\_\_\_\_ SHOULD READ \_\_\_\_\_

The undersigned being first duly sworn, says the facts stated in the foregoing Application are true as he/she verily believes and prays that the Court order the registration of birth.

\_\_\_\_\_  
Registrant or Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Sworn to before me and signed in my presence by the applicant or registrant aforesaid 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 record of registrant be corrected in accordance with the facts hereinabove set forth: and that a certified copy of the order of the Court 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.

(SEAL)

By \_\_\_\_\_  
Magistrate, Judge or Deputy Clerk

## Supporting Affidavits

### In the Matter of the Correction of Birth Record of

\_\_\_\_\_  
State of Ohio, \_\_\_\_\_ Affidavit of Physician

The undersigned, being first duly sworn, deposes and says the he was the physician in attendance at the birth of \_\_\_\_\_ the applicant and that the facts stated herein are true as he/she verily believes.

\_\_\_\_\_  
(Name of Applicant at Birth)

\_\_\_\_\_  
(Attending Physician)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official Title)

**NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavit, relative or non-relative, having personal knowledge of the facts.**

\_\_\_\_\_  
State of Ohio, \_\_\_\_\_ Affidavit

The undersigned, being first duly sworn, deposes and says that he/she is \_\_\_\_ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being \_\_\_\_\_  
(state relationship, if any, or state facts showing personal knowledge)  
and that the statements made in the application are true as he/she verily believes.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official Title)

\_\_\_\_\_  
State of Ohio, \_\_\_\_\_ Affidavit

The undersigned, being first duly sworn, deposes and says that he/she is \_\_\_\_ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being \_\_\_\_\_  
(state relationship, if any, or state facts showing personal knowledge)  
and that the statements made in the application are true as he/she verily believes.

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address)

Sworn to before me and signed in my presence by the said \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Official Title)