

## **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 30.0 Application for 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 30.0 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 \$43.00

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.

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**

**JAMES A. FREDERICKA, 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:

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