

## **Registration of Unrecorded Birth**

- 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.
- You must submit the following to the Court for the Registration of an Unrecorded Birth:
  - A No-Record Letter from the Ohio Department of Health, Vital Statistics
  - Completed Form HEA 2782 which must be signed by the person seeking to have their birth recorded if the person is over eighteen or signed by the parent or guardian of the person whose birth is not recorded if the person is under eighteen
    - Form HEA 2782 also must have the notarized signatures of
      - The physician attending the birth of the person; AND/OR
      - Two adults sufficiently old enough to have knowledge of the facts of the birth of the person who were, in fact, aware of the birth. It is preferable that these individuals have witnessed the birth. If registering the birth of a minor, the notarized signature of the parent who is not the applicant should be included.
  - Significant evidence of the facts alleged on Form HEA 2782 must 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
    - Certified court or government records
    - Certified marriage records
    - Certified birth certificates of other family members (e.g. children of the individual) , certified within 30 days
    - Letters from hospitals or doctors
    - DNA testing results sent directly to the Court from the lab
    - Honorable Discharge from U.S. Armed Forces (DD 214)
  - Filing fee of \$21.50

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.

Ohio Department of Health  
**Bureau of Vital 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 THE STATE OF OHIO:**

State File No.

Case File No.

In the Probate Court of \_\_\_\_\_ County, on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_, appeared \_\_\_\_\_

*Name of Applicant*

praying that the facts of birth be established in accordance with section 3705.15 of the Revised Code as follows:

<b>CHILD</b>	Full name at time of birth		
	City and County of birth	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>PARENT</b>	Name of Parent (Mother) before first marriage	<b>PARENT</b>	Name of Parent (Father) before first marriage
	Age of Parent (Mother) at time of birth		Age of Parent (Father) at time of birth
	Birthplace of Parent (Mother)		Birthplace of Parent (Father)

The following evidence is presented to the court to support the above facts of the place and date of birth and parents of the registrant to wit:

Document or name of witness	Record Date	Documented place of birth	Birth Date	Parent Name	Parent Name

*The undersigned being first duly sworn, says that the facts stated in the foregoing Application are true as they verily believe, and prays that the court order the registration of said birth.*

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

\_\_\_\_\_  
*Address*

*Sworn to before me and signed in my presence  
by the applicant/registrant named above on 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 of applicant be registered in accordance with the facts herein-above set forth; and that a summary finding and order of the court, duly certified, 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.*

\_\_\_\_\_  
*Probate Judge*

(SEAL)

By \_\_\_\_\_

\_\_\_\_\_  
*Deputy Clerk*

# Supporting Affidavits

In the Matter of the Registration of Birth of \_\_\_\_\_

The State of Ohio, \_\_\_\_\_ County: **AFFIDAVIT OF PHYSICIAN**

I, \_\_\_\_\_ do hereby certify that I was the physician in attendance  
*Name of Physician*

at the birth of the applicant herein, and that the facts in the application are true, as I verily believe.

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Mailing Address of Physician*

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

\_\_\_\_\_  
*Signature of Official*

\_\_\_\_\_  
*Official Title*

The State of Ohio, \_\_\_\_\_ County: **AFFIDAVIT**

I, \_\_\_\_\_, age \_\_\_\_\_ years, do hereby certify that I have personal  
*Name of Witness*

knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

\_\_\_\_\_  
*Signature of Affiant*

\_\_\_\_\_  
*Mailing Address of Affiant*

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

\_\_\_\_\_  
*Signature of Official*

\_\_\_\_\_  
*Official Title*

The State of Ohio, \_\_\_\_\_ County: **AFFIDAVIT**

I, \_\_\_\_\_, age \_\_\_\_\_ years, do hereby certify that I have personal  
*Name of Witness*

knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

\_\_\_\_\_  
*Signature of Affiant*

\_\_\_\_\_  
*Mailing Address of Affiant*

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

\_\_\_\_\_  
*Signature of Official*

\_\_\_\_\_  
*Official Title*