

MADISON COUNTY PROBATE COURT
1 North Main Street, Room 205
London, Ohio 43140
740-852-0756

INSTRUCTIONS FOR REGISTERING YOUR BIRTH

You can register your birth in the county in which you live now, or in the county in which you were born. If you do not now live in Ohio, your birth must be registered in the county in which you were born.

TO PROVE YOUR BIRTH DATE YOU NEED EITHER:

(1) Two Items of Documentary Proof

- a. Documents must show your date of birth
- b. Documents must be ten years old
- c. We accept certified copies of the following documents:
 - i. Marriage or children's birth record
 - ii. Family Bible
 - iii. Old Insurance Policy
 - iv. Baptismal Record
 - v. School Record
 - vi. Armed Service Discharge
 - vii. Federal Census Record

OR

(2) One Item of Documentary Proof and Once Affidavit of a Witness

- a. Witness must be at least ten years older than yourself
- b. Witness must have knowledge of your birth
- c. Witness may be a relative

On the Delayed Birth Registration Application-Pencil in the information required.

Next, return the application to use along with your documentary proof.

We will type the application and return it to you to sign before a notary. If you use one piece of documentary proof and one witness, then the witness must sign before a notary also.

COST: \$35.50

**Make check or money order payable to the Madison Co. Probate Court.*

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.
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In the Probate Court of Madison 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:

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