

**AMENDMENTS TO THE RULES OF SUPERINTENDENCE
FOR THE COURTS OF OHIO**

The following amendments to the Rules of Superintendence for the Courts of Ohio (Probate Form 30.0) were adopted by the Supreme Court of Ohio. The history of these amendments is as follows:

August 3, 2021	Final adoption by conference
August 3, 2021	Effective date of amendments

Key to Adopted Amendments:

1. Unaltered language appears in regular type. Example: text
2. Language that has been deleted appears in strikethrough. Example: ~~text~~
3. New language that has been added appears in underline. Example: text

PROBATE COURT OF _____ COUNTY, OHIO
_____, 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:

<u>Information recorded in this box should match information currently listed on the Birth Record</u>			
<u>Child's Information</u>			
<u>1. Full Name of Child</u> _____	<u>2. Date of Birth</u> _____	<u>3. Place of Birth (city and county)</u> _____	<u>4. Sex</u> _____
<u>Information of parent(s) currently listed on the Birth Record</u>			
<u>5. Parent's Name</u> _____		<u>6. Parent's Name</u> _____	
<u>7. Place of Birth</u> _____	<u>8. Date of Birth</u> _____	<u>9. Place of Birth</u> _____	<u>10. Date of Birth</u> _____

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, _____

(Name of Affiant)

Affidavit

The undersigned, being first duly sworn, deposes and says that they have read the application of

(Name of Applicant)

and that they have personal knowledge of the facts

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