

**PROBATE COURT OF COSHOCTON COUNTY, OHIO**  
**VAN BLANCHARD II, JUDGE**

***INSTRUCTIONS FOR CORRECTION OF BIRTH RECORD***

**(O.R.C. 3705.15)**

1. Applicant must be BORN IN OHIO and must file in the County of his/her birth or his/her residence or his/her Mother's residence (at the time of his/her birth).
2. Application for Correction of MINOR's birth certificate must be filed by either parent or the child's guardian.
3. One **original application form** must be submitted along with a certified copy of the birth certificate. It must be completely filled out by **typing or printing legible in blue ink and signed before a Notary or person authorized to administer oaths (Deputy Clerk)**.
4. The application must be supported by at least **two of the following**:
  - a) An affidavit from:
    - 1) The attending physician, if applicable.
    - 2) A person having personal knowledge of the facts and personal contact with the certificant at the time of the birth (such as family, friends, etc).
    - 3) If the application is for correction of a Minor's name on the certificate, an affidavit from the parent, who is not the applicant, unless the child was born out-of-wedlock and the father was never determined.
  - \*\* Those listed above must sign before a Notary or person authorized to administer oaths.
  - b) Documentary Evidence such as:
    - 1) Certificate of Attendance at birth
    - 2) Certificate of attending physician or certified nurse-midwife at birth
    - 3) Original Baptismal Records
    - 4) Military records prior to 1935
    - 5) Hospital, Nursery, or Clinic Record at birth
    - 6) Birth Announcement published in newspaper
5. Return these forms to the Probate Court with the Court Costs \$90.00. The Court will then process your application, however, a hearing on the application and/or publication in a newspaper of general circulation in the county may be required
6. Upon approval of the application, the Probate Court will forward an Order to the Bureau of Vital Statistics in Columbus to prepare the corrected Birth Certificate. **It will be your responsibility to contact the Bureau of Vital Statistics or Health Department to obtain the corrected birth record.**
7. If there are any questions, please contact Coshocton County Probate Court at 740-622-1837.

## Name Change, Name Conformity or Birth Certificate Correction: Which process is right for my situation?

### Change of Name

- I want to change all or part of my name to a new name
- I want to change all or part of my child's name
- I want to change my last name and I did not recently get married
- I want to restore my maiden name following a divorce and I did not choose to do it when the divorce was pending

### Name Conformity

- My name does not match on one or more of my official identity documents (Birth Certificate, Social Security Card, Driver's License, Passport, Marriage Certificate or Divorce Decree)
- An inconsistency in my name is prohibiting me from getting a driver's license
- I was not born in Ohio, and I have an error or misspelling on my birth certificate
- My child was not born in Ohio and has an error or misspelling on their birth certificate
- I was born in Ohio, but the name on my birth certificate doesn't match the name I have used all of my life
- I was in a common law marriage with no marriage certificate to document my name change
- The name I currently use is a name on one or more of my official identity documents

### Birth Correction

- I was born in Ohio and I have an error or misspelling on my birth certificate
- I was born in Ohio and one of my parent's names is misspelled or my birth date is incorrect on my birth certificate
- My child was born in Ohio and one of the names is misspelled or the birth date is incorrect on my child's birth certificate
- The error on my or my child's birth certificate is a true error, not a desired change or alternate spelling acquired following birth

### Situations Probate Court Cannot Correct

- I want to add or remove a parent from my child's birth certificate
- I want to add or remove a parent from my birth certificate
- I want paternity testing to prove the father on my child's birth certificate is not the biological father
- I was married at the time my child was born, but my husband is not my child's biological father and I want to correct my child's birth certificate

If the situation regarding your name is not referenced in one of these sections, you should contact the Probate Court or an Attorney before commencing any legal action regarding your name. The situations described that Probate Court cannot correct are generally matters outside of Probate Court's jurisdiction. It is recommended that you contact the Ohio Department of Health or an Attorney to assist you in these types of situations.

**PROBATE COURT OF COSHOCTON COUNTY, OHIO**  
**VAN BLANCHARD II, JUDGE**

**CORRECTION OF BIRTH RECORD OF:** \_\_\_\_\_ **Case No.** \_\_\_\_\_

**APPLICATION FOR CORRECTION OF BIRTH RECORD**

(R.C. 3705.15)

In the Probate Court of Coshocton County on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, appeared \_\_\_\_\_ requesting that their birth record be corrected in accordance with Section 3705.15 of the Revised code, as follows:

Information recorded in this box should match information currently listed on the Birth Record.			
Child's Information			
1. Full Name of Child	2. Date of Birth	3. Place of Birth (city and county)	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F
Information of parent(s) currently listed on the Birth Record			
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 \_\_\_\_\_

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/Affirm to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public/Official Character

**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 certify copy of the order of the Court be forthwith transmitted to the Director of Health, as provided by law.

\_\_\_\_\_  
Van Blanchard II, 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

**CORRECTION OF BIRTH RECORD OF \_\_\_\_\_**

**STATE OF OHIO, \_\_\_\_\_ Affidavit of 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 at birth)

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Address

Sworn/Affirm 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.**

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**STATE OF OHIO, \_\_\_\_\_ Affidavit**  
**(Name of Affiant)**

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/Affirm to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**STATE OF OHIO, \_\_\_\_\_ Affidavit**  
**(Name of Affiant)**

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/Affirm to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public