

**GEAUGA COUNTY PROBATE COURT
JUDGE TIMOTHY J. GRENDALL**

CHECKLIST - CORRECTION OF BIRTH RECORD

These instructions are provided as a public service of the Geauga County Probate Court, are intended as a guideline only, and are not legal advice. Depending on the circumstances of each case, additional steps may be required that are not listed below. The clerks are not attorneys and therefore cannot answer legal questions or assist you in completing the forms or deciding which forms apply to your situation. The documents that you file must be typewritten or legibly handwritten, and completed in their entirety. The clerks may refuse for filing illegible or incomplete documents. The Court recommends that you obtain legal advice from your attorney or obtain assistance from the Court's Help Center before preparing and filing any forms. You may make an appointment with the Help Center by calling 440-226-7339.

Filing Requirements

1. **Form 30.0 – Application for Correction of Birth Record** (includes supporting affidavits and additional supporting documents - see below in Additional Notes).
2. **Certified Copy of Birth Certificate (the long form showing city, county and state of birth)**
3. **Supporting Documents** – see Additional Note below. In addition to the required supporting affidavits, submit supporting documents to the extent available.
4. **Identification** - [if applicant is not represented by an attorney - see Geauga Probate Local Rule 78.10] (1) a government-issued photographic identification (e.g., a current driver's license or passport), and (2) evidence of current mailing address (e.g., recent utility bill, bank statement account, property tax bill, voter registration card).
5. **Court Cost Deposit** - arrange for payment of court cost deposit. See the "Probate Court Costs" on the Court's website. See additional note below regarding indigent applicant.

Additional Notes - See R.C. 3705.15

- Venue. If you were born in the State of Ohio and you have discovered an error on your birth record, you may apply to a probate court to have it corrected. You must apply in the probate court in the county (i) where the birth occurred, (ii) where the person resides, or (iii) in which the mother resided at the time of the birth.
- Possible Hearing and Public Notice. The Court may set the application for hearing, which shall be at least seven days after the filing date of the application. Additionally, the Court may require one publication of notice of the hearing date in a newspaper of general circulation (i.e., the News-Herald), no less than seven days before the hearing date.
- Correction of Date of Birth. If the correction includes the date of birth, then the corrected date of birth must coincide with the date of birth noted on the affidavit of the attending physician or certified nurse-midwife or the date that the local registrar filed the record. [See R.C. 3705.15(A), second paragraph.]

- Supporting Affidavits. If available, you must provide an Affidavit of the attending physician or certified nurse who was present at your birth. Otherwise, you must provide at least two affidavits of persons having knowledge of the facts stated in your application. In either case use the affidavit forms in the form 30.0 – Application for Correction of Birth Record.
- Additional Support. You should present three documents supporting the facts stated in your application, such as:
 - Baptismal Record or Hospital Record
 - DD214 (military discharge)
 - Insurance Policies which show the date of birth
 - Certified copy of Marriage Application
 - Certified copy of School Records (this can be obtained from the Board of Education)
 - Family Bible or Church Records
 - Voter Registration
 - Medicare/Medicaid Application
 - Social Security Application or cards
 - Income Tax Records (IRS)
 - Bank Account Records
 - Obituaries of Family Members
 - Children's Birth Records
 - Lodge Records (VFW, Freemason, FOP, Moose, etc.)
 - Federal Census Records
- Indigent. If the Filer is Indigent and prepares and files form GCPF 65.0 Financial Disclosure Affidavit together with the filing, then the Clerk will permit the filing without payment of the security deposit; provided however that if the Court disapproves that form, then the Filer must pay the security deposit no later than 30 Calendar Days after the court order of disapproval. (See Geauga Probate Local Rule 58.2(A)).
- Correction of Birth Record Regarding Sex Marker. If the filing is to correct or change the sex marker, then review *In re Application for Correction of Birth Record of Adelaide*, 2022-Ohio-2053 (2nd App. Dist. – Clark Cty.).
- Ordering a Copy of the Corrected Birth Certificate. If the court grants the Application for Correction of Birth Record, then the Clerk will deliver the court order to the Ohio Department of Health, Bureau of Vital Statistics. If you want to order a copy of the corrected birth certificate, you should do so using the Bureau's website - <https://odh.ohio.gov/know-our-programs/vital-statistics/how-to-order-certificates>

**PROBATE COURT OF GEAUGA COUNTY, OHIO JUDGE
TIMOTHY J. GRENDALL**

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 Geauga 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:

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 _____
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 _____
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

Magistrate's Decision Ordering Correction of Birth Record

Judgment 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.

Date: _____

Judge / Magistrate

NOTICE: Pursuant to Civ. R. 53(D)(3)(a), a party may file written objections to the Magistrate’s Decision within 14 days of filing of the decision. A party shall not assign as error on appeal the Court’s adoption of any factual findings or legal conclusion, whether or not specifically designated as a finding of fact or conclusion of law under Civ. R. (D)(3)(a) (ii), unless the party timely and specifically objects to that factual finding or legal conclusion as required by Civ. R. 53(D)(3)(b).

JUDGMENT ENTRY ADOPTING MAGISTRATE’S DECISION

The Court, upon independent review of the record, finds the Magistrate’s Decision to be well taken. The Court has reviewed the Decision for any errors pursuant to Civ. Rule 53 and hereby adopts the Magistrate’s Decision as an Order of this Court. The Magistrate’s Decision is hereby incorporated into the Entry by reference.

Date: _____

Judge Timothy J. Grendell

NOTICE OF FINAL APPEALABLE ORDER

You are hereby notified that this may be a final appealable order.

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