## Ohio Department of Health • Bureau of Vital Statistics

## Finding and Order Establishing Registration of Birth

TH	IS FORM MUST BE TYPEWF	RITTEN OF		LEGIBLY	IN BLAC	KINK. ALLI	FACTS MUS	T BE GIVE	N AS OF TIME OF BIRTH	
FC	OR THE STATE OF O	HIO:		State File No				Case File No		
In the Probate Court of						County, on the day of				
		, 20	_, appea	red		Name	of Applican			
pra	aying that the facts of bir								ised Code as follows:	
Г	Full name at time of birth									
CHILD	City and County of Birth					Date of Birth Sex Male Female				
PARENT	Name of Parent (Mother) before first marriage					Name of Parent (Father) before first marriage				
	Age of Parent (Mother) at time of birth				PARENT	Age of Parent (Father) at time of birth				
Birthplace of Parent (Mother)					d d	Birthplace of Parent (Father)				
he fol	lowing evidence was present	ed to the c	court to sup	port the fac	cts of the	place and da	ate of birth ar	nd parents o	of the registrant to wit:	
Document or name of witness Record Docu			Docume	ented place of birth		Birth Date	Parent	Name	Parent Name	

I,	, Judge and ex-of	fficio Clerk of the Probate Court in and
for	County, Ohio, do hereby certify that the above	ve is a true summary of the record of
the finding and order of this	Court in an action for the registration of the birth of	
Case Number	I hereby transmit the within summary to the	State Director of Health who shall file
the same in the records of	the State Bureau of Vital Statistics at Columbus, Ohio, as	s provided by law. In Witness I have
hereunto set my hand and a	ffixed the official seal of said Court at	Ohio, this
day of	20	

Probate Judge

Ву \_\_\_\_\_

Deputy Clerk