

**IN THE PROBATE COURT OF MAHONING COUNTY, OHIO
JUDGE MARK BELINKY**

**REGISTRATION OF BIRTH
APPLICATION, FINDING AND ORDER FOR REGISTRATION OF BIRTH**
[R.C. §3705.15]

CASE NO. _____

_____, the Applicant, prays that the facts of birth be established in accordance with section 3705.15 of the Revised Code, as follows:

Applicant's Full Name (at time of birth) _____ [Social Security No. _____]

Place of Birth _____ Date of Birth _____ Male Female
(City, State, Hospital, Home Address)

Father's Full Name _____ Age of Father (at time of birth) _____

Birthplace of Father _____

Mother's Maiden Name _____ Age of Mother (at time of birth) _____

Birthplace of Mother _____

The following evidence was presented to support the above facts and the parentage of the registrant, *to wit*:

Document or name of Witness	Date or record	Place of Birth	Date of Birth	Father's Name	Mother's Maiden Name

Wherefore the undersigned applicant, being first duly sworn, says that the facts stated in the foregoing Application are true as he/she verily believes.

Applicant's Signature

Full Address

City, State, Zip Area Code/Phone

Sworn to before me and signed in my presence by the applicant or registrant aforesaid this _____ day of _____, 20 _____.

(SEAL)

Notary Public

JUDGMENT ENTRY

The Court, upon consideration of the aforesaid and the evidence submitted, finds that the applicant personally appeared and was examined, that notice of hearing was completed or was dispensed with and Orders that the birth of applicant be registered in accordance with the facts hereinabove 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.

Hon. Mark Belinky, Judge

I hereby certify the above is a true copy of the application and entry in the foregoing matter.

Hon. Mark Belinky, Judge

(SEAL)

By _____
Deputy Clerk

The State of _____, County of _____:

Affidavit of Physician

I, _____, do hereby certify that I was the physician in attendance at the birth of _____, the applicant herein, and that the facts in the application are true, as I verily believe.

Signature of Attending Physician

Full Address

City, State, Zip

Area Code/Phone

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

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, relative or non-relative, having personal knowledge of the facts or by clear and convincing documentary evidence or such other evidence as the Court deems sufficient.

The State of _____, County of _____: Affidavit of _____

I, _____ (Age _____ Years), do hereby certify that I have personal knowledge of the facts stated in the within application by virtue of _____ and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Full Address

City, State, Zip

Area Code/Phone

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

Notary Public

The State of _____, County of _____: Affidavit of _____

I, _____ (Age _____ Years), do hereby certify that I have personal knowledge of the facts stated in the within application by virtue of _____ and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Full Address

City, State, Zip

Area Code/Phone

Sworn to before me and signed in my presence this _____ day of _____, 20_____.

(SEAL)

Notary Public