

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

IN THE MATTER OF THE

- REGISTRATION OF THE BIRTH OF:  
 CORRECTION OF BIRTH RECORD:

CASE NO.: \_\_\_\_\_

OF/FOR: \_\_\_\_\_

**DEPOSITION BY COMMISSIONER\***

[Revised Code §3705.15 (B)]

Deposition of \_\_\_\_\_ witness/applicant, taken before me, \_\_\_\_\_, the duly appointed Commissioner herein, a \_\_\_\_\_ for the County of \_\_\_\_\_, State of \_\_\_\_\_.

Pursuant to the attached commission issued to me, I caused the witness/applicant to appear personally before me on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, and after being first duly cautioned and sworn [or affirmed] by me, answered the following interrogatories:

1. What is your full name?

Answer \_\_\_\_\_

2. What was the full name of applicant at time of birth? (Give first, middle and surname)

Answer \_\_\_\_\_

3. What was the exact place of birth of applicant?

Answer \_\_\_\_\_

4. What was the month, day and year of applicant's birth?

Answer \_\_\_\_\_

5. What was the sex of the applicant at the time of his/her birth? [NOTE: For "Corrections," you must obtain and attach a certified, exemplified or authenticated copy of the original certificate of birth for the applicant.]

Answer \_\_\_\_\_

6. What was the full name of applicant's father?

Answer \_\_\_\_\_

7. What was the birth father's age at the time of applicant's birth?

Answer \_\_\_\_\_

8. Where was the birth father born? (City, Town or county) - (State or foreign country)

Answer \_\_\_\_\_

9. What was the full maiden name of applicant's mother?

Answer \_\_\_\_\_

10. What was the birth mother's age at the time of applicant's birth?

Answer \_\_\_\_\_

11. Where was the birth mother born? (City, Town or county) - (State or foreign country)

Answer \_\_\_\_\_

12. What documents, if any, do you submit as exhibits, and in what ways do they support the allegations of the application. [Certified copies of original or photostatic copies of the documents submitted should be attached and properly marked as exhibits.]

Answer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness/Applicant

\_\_\_\_\_  
Typed or Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Area Code/Phone

**CERTIFICATE OF COMMISSIONER**

I, \_\_\_\_\_, certify that I am a \_\_\_\_\_ for the aforesaid State and County and was duly acting and qualified as the commissioner at the time of the taking of the attached deposition, and further certify that the foregoing deposition of \_\_\_\_\_ was taken before me at the time and place and for the purpose specified in the commission. I further certify that deponent was first duly sworn to testify truthfully; that the deposition was reduced to writing by me, in the presence of the deponent \_\_\_\_\_ and was subscribed by the deponent in my presence.

I further certify that I am not a counsel or relative of the applicant, or witness, nor am I otherwise interested in the proceedings.

[SEAL]

Date: \_\_\_\_\_

\_\_\_\_\_  
Commissioner's Signature

\_\_\_\_\_  
Typed or Printed Name

Commissioner's Fees: \$ \_\_\_\_\_  
Witness Fees \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Area Code/Phone

[\*NOTE: A separate "Deposition" **must** be completed for each applicant/witness].

