

CHECKLIST- REGISTRATION OF BIRTH RECORD

(DISCLAIMER: THIS CHECKLIST IS INTENDED AS A GUIDELINE ONLY AND IS SUBJECT TO MODIFICATION BY THE COURT AT ANY TIME)

MANDATORY DEPOSIT DUE AT TIME OF FILING: \$62.00

REQUIREMENTS: THE FORMS MUST BE TYPED

A person whose registration of birth was not recorded or has been lost or destroyed may apply to the Lake County Probate Court for a registration of birth if:

- The person whose birth is being registered was born in Lake County or resides in Lake County or,
- Applicant's mother resided in Lake County at the time of the person's birth

If the person whose birth is being registered is a minor, the application must be signed by a parent or the minor's legal guardian.

EVIDENCE REQUIRED FOR REGISTRATION OF BIRTH: The following persons may be proper witnesses to appear in Court to testify for applicant: Any affidavits submitted must be notarized.

- Parents of Applicant, or an Affidavit of a physician, or certified midwife who attended at time of birth.

If the Applicant cannot comply with the above requirements, then the Court requires the Applicant to produce at least three (3) of the following items, at least six (6) years or more older.

- Baptismal Record or Hospital Record
- DD214 (military discharge)
- Insurance Policies showing the date of birth or proof Applicant was insured at least 6 years ago
- 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
- Income Tax Records (IRS)
- Bank Account Records
- Obituaries of Family Members
- Children's Birth Records
- Lodge Records (VFW, FOP, Moose, etc.)
- Federal Census Records, or Genealogical Records

INITIAL FILING:

All forms listed and the payments above must be presented together or the proceeding will not be initiated

- HEA Form 2782 (Application, Finding and Order for Registration of Birth)
- Affidavits or Evidence Required (listed above)
- A valid government –issued photo identification (driver's license, state I.D. or passport)
- A letter of search from the State of Ohio, Department of Health where your birth should have been recorded, stating that there is no record of your birth (for more information, please call #614-466-2531)

Court of Common Pleas
Division of Probate
Judge Mark J. Bartolotta



Lake County Courthouse, West Annex
25 North Park Place
Painesville, Ohio 44077
Mail To: P.O Box 490
Painesville, Ohio 44077
440-350-2626

www.lakecountyohio.gov/probatelco

PROBATE COURT OF LAKE COUNTY, OHIO
JUDGE MARK J. BARTOLOTTA

IN THE MATTER OF: _____

CASE NO. _____

CONTACT INFORMATION FORM

Please check the applicable box:

- This is the original contact information for this case.
- This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

Attorney for Applicant(s) _____

Attorney's Street Address _____

City, State and Zip Code _____

Attorney's Telephone Number _____

Fax Number _____

Attorney's Email Address _____

Attorney's Registration Number _____

Applicant's Name _____

Applicant's Street Address _____

City State and Zip Code _____

Applicant's Telephone Number _____

Applicant's Email Address _____

Co-Applicant's Name _____

Co-Applicant's Street Address _____

City, State and Zip Code _____

Co-Applicant's Telephone Number _____

Ohio Department of Health
Bureau of Vital Statistics
Application for Registration of Birth

This form must be typewritten or printed legibly in black ink. All facts must be given as of time of birth.

FOR THE STATE OF OHIO:

State File No.	Case File No.
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In the Probate Court of _____ County, on the _____ day of _____, 20_____, appeared _____
Name of Applicant

praying that the facts of birth be established in accordance with section 3705.15 of the Revised Code as follows:

CHILD	Full name at time of birth		
	City and County of birth	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT	Name of Parent (Mother) before first marriage	PARENT	Name of Parent (Father) before first marriage
	Age of Parent (Mother) at time of birth		Age of Parent (Father) at time of birth
	Birthplace of Parent (Mother)		Birthplace of Parent (Father)

The following evidence is presented to the court to support the above facts of the place and date of birth and parents of the registrant to wit:

Document or name of witness	Record Date	Documented place of birth	Birth Date	Parent Name	Parent Name

The undersigned being first duly sworn, says that the facts stated in the foregoing Application are true as they verily believe, and prays that the court order the registration of said birth.

_____ *Registrant or Applicant*

_____ *Address*

Sworn to before me and signed in my presence by the applicant/registrant named above on this

_____ day of _____, 20_____

(SEAL)

_____ *Official Character*

Journal Entry

The Court on consideration of the aforesaid evidence submitted finds and orders that notice of hearing be dispensed with and the birth of applicant be registered in accordance with the facts herein-above 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.

_____ *Probate Judge*

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

_____ *Probate Judge*

(SEAL)

By _____ *Deputy Clerk*

Supporting Affidavits

In the Matter of the Registration of Birth of _____

The State of Ohio, _____ **County:** **AFFIDAVIT OF PHYSICIAN**

I, _____ do hereby certify that I was the physician in attendance
Name of Physician

at the birth of the applicant herein, and that the facts in the application are true, as I verily believe.

Signature of Physician

Mailing Address of Physician

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

Signature of Official

Official Title

The State of Ohio, _____ **County:** **AFFIDAVIT**

I, _____, age _____ years, do hereby certify that I have personal
Name of Witness

knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Mailing Address of Affiant

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

Signature of Official

Official Title

The State of Ohio, _____ **County:** **AFFIDAVIT**

I, _____, age _____ years, do hereby certify that I have personal
Name of Witness

knowledge of the facts stated in this application, and that the facts stated herein are true, as I verily believe.

Signature of Affiant

Mailing Address of Affiant

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

Signature of Official

Official Title