

\*\*\* PLEASE READ INSTRUCTIONS ON BACK BEFORE FILLING OUT AFFIDAVIT \*\*\*

## AFFIDAVIT CORRECTION OF BIRTH RECORD

State of OHIO

Registrar's No. \_\_\_\_\_

County of \_\_\_\_\_

File No. \_\_\_\_\_

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### INFORMATION AS IT APPEARS ON ORIGINAL RECORD – PLEASE PRINT LEGIBLY

Name as recorded \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
City, Village, Township County

Father's name \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

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### ITEMS TO BE CORRECTED OR ADDED

Item \_\_\_\_\_ Should read \_\_\_\_\_

Item \_\_\_\_\_ Should read \_\_\_\_\_

Item \_\_\_\_\_ Should read \_\_\_\_\_

Item \_\_\_\_\_ Should read \_\_\_\_\_

Item \_\_\_\_\_ Should read \_\_\_\_\_

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### PERSON SWEARING TO THE ABOVE FACTS

I / We \_\_\_\_\_ born \_\_\_\_\_  
Name(s) of person(s) executing affidavit Date(s) of birth

and residing at \_\_\_\_\_ being duly  
Street address, City, State and Zip

sworn say that I / we have personal knowledge that the foregoing facts are true and correct relative to

\_\_\_\_\_ being the \_\_\_\_\_  
Correct spelling of Child's name Relationship to child

\_\_\_\_\_  
Signature of person(s) executing affidavit

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date commission expires

**NO ERASURES, CROSS OUTS, OR CORRECTION FLUID PERMITTED**