

INSTRUCTIONS FOR CORRECTION OF BIRTH RECORD

An Application for Correction of Birth Record can only be filed for someone born in OHIO. The procedure to correct a birth record requires an application to be filed in the Probate Court.

The Application for Correction of Birth Record must be filled out completely and properly notarized before filing.

You must bring a copy of the birth certificate worksheet completed at the hospital at the time the application is filed, if available.

A certified copy of the birth certificate is required at the time of initial filing.

A father's name cannot be added or deleted from a birth certificate through the Probate Court.

To add a father or delete a fathers' name from a Birth Certificate when the parents are not married, you must contact the Child Support Enforcement Agency.

To add a father's name to a Birth Certificate when the natural parents are married, take a certified copy of the marriage license to the Department of Health to obtain an Ohio Department of Health Vital Statistics Declaration of Paternity form. Fill it out completely, have it notarized, and send it along with the certified copy of the marriage license to the Ohio Department of Health to have a corrected birth certificate issued.

You may provide two (2) witnesses to testify on your behalf who have personal knowledge of the facts stated within the application, or one (1) witness and two pieces of evidence, or four (4) pieces of evidence that support your application.

If the witnesses cannot appear, the witness may execute an affidavit (H.C. Form 623.03) which is acceptable as evidence.

The following are examples of documentary evidence which may be presented to Court in support of the Application for Correction of Birth Record: baptismal record, insurance policies or photocopies of same, school records, marriage records, federal census records, family genealogy, child's birth record.

A corrected Birth Certificate will be available from the Department of Health usually within 30 days after receiving the Probate Court Order.

When a Birth Certificate is corrected, the incorrect birth certificate is then sealed.

INSTRUCTIONS FOR SEX MARKER CHANGE

An Application for Correction of Birth Record, which includes a request to change a Sex Marker, can only be filed for a birth that took place in OHIO.

The procedure for a Sex Marker Change requires an application to be filed in the Probate Court.

The Application for Correction of Birth Record must be filled out completely and properly notarized before filing.

For both MINORS and ADULTS a letter from a Health Professional verifying transgender status is required at the time of filing.

- **For ADULT Sex Marker Change, the forms are to be completed and taken to the Information Desk for review.**

Once reviewed and approved, the signed forms are taken to the Cashier for filing.

The Order Correcting the Birth Record will be sent to the applicant and to the Ohio Department of Health within one (1) week from the date the Order is filed.

The applicant is responsible for obtaining the corrected birth certificate from the State of Ohio Department of Vital Statistics in about one (1) month.

- **For MINOR Sex Marker Change, the forms are to be completed and taken to the Information Desk for review.**

Both parents must consent to the Sex Marker Change. If both parents do not consent, the application must be set for hearing and notice must be sent via certified mail by the applicant as notification of the hearing to the non-consenting parent.

If a biological parent's current address is unknown, then the affidavit must be completed for Unknown Address of Parent. Publication of notice to this parent is not required.

Once approved or set for hearing, the signed forms are taken to the Cashier for filing.

The Order Correcting the Birth Record will be sent to the applicant and to the Ohio Department of Health within one (1) week from the date the Order is filed.

The applicant is responsible for obtaining the corrected birth certificate from the State of Ohio Department of Vital Statistics in approximately one (1) month.

The applicant and/or child must appear at the time the Application is filed and/or at the hearing.

A certified copy of the birth certificate may be obtained from:

Births within Cincinnati City Limits

**Cincinnati Department of Health
Division of Vital Statistics
1525 Elm Street, 4th Floor
Cincinnati, Ohio 45202
(513) 352-3120**

Births within Norwood City Limits

**Norwood Health Center
2059 Sherman Avenue
Norwood, Ohio 45212
(513) 458-4600**

Births within Hamilton County but outside City Limits of Cincinnati, Norwood, Reading, and St. Bernard

**Hamilton County Department of Health
Division of Vital Statistics
250 William Howard Taft Road, 2nd Floor
Cincinnati, Ohio 45219
(513) 946-7800**

**State of Ohio
Vital Statistics
Ohio Department of Health
P.O. Box 15098
Columbus, Ohio 43215-0098
(614) 466-2531**

All forms should be typewritten or legibly printed.

**A fee is required at the time of filing. Current Court Costs are posted at:
<https://www.probatect.org/about/general-resources>.**

Please confirm the amount with the Cashier since filing fees may have changed subsequent to the publication of this instruction sheet. This fee must be paid in cash, money order, certified check (made payable to PROBATE COURT), MasterCard, Discover, or American Express. Personal checks are not accepted.

Additional court costs will be charged for each deposition taken, if needed.

The forms may be obtained from the Information Desk on the 9th floor of the Probate Court, 230 East 9th Street, Cincinnati, Ohio or by downloading the forms from the web site at www.probatect.org.

A. Filing of Application where hearing is waived:

When all forms have been completed, present them to the Magistrates' Assistant at the information desk on the 9th Floor of Probate Court. A Magistrate will be assigned and the clerk will notarize the application. If you have two Consents for Minors, the Magistrate may waive setting a hearing date.

You will receive a certified copy of the Order Correcting Birth Record within a week after your hearing notifying you that the paperwork has been completed.

The Clerk will also send a certified copy of the Order Correcting Birth Record to the Ohio Department of Health which will seal the old Birth Certificate and create a corrected Birth Certificate within thirty days.

To obtain a certified copy of the **corrected** Birth Certificate **you** must write to the Ohio Department of Health to request a copy of the corrected birth certificate after allowing at least 30 days for processing. Please refer to that office for the amount of the application fee.

B. Filing Application where a evidentiary hearing is set:

If you do not have Consents to the Sex Marker Change at this time, the Magistrate will set a hearing date. After the Magistrate sets a hearing, he/she will send you to the Cashier to pay the filing fee and file the completed paperwork.

On the hearing date, you must appear before the assigned Magistrate where he/she will take the testimony of your witness(es) or review the evidence you are presenting.

You will receive a certified copy of the Order Correcting Birth Record within one week after your hearing notifying you that the paperwork has been completed.

The Clerk will also send a certified copy of the Order Correcting Birth Record to the Ohio Department of Health, which will seal the old Birth Certificate and create a corrected Birth Certificate, within **30 days after receiving the Court Order**.

To obtain a certified copy of the **corrected** Birth Certificate **you** must write to the Ohio Department of Health to request a copy of the corrected birth certificate after allowing at least 30 days for processing. Please refer to that office for the amount of the application fee.

OBTAINING THE CORRECTED BIRTH RECORD

The court will submit your paperwork directly to the Bureau of Vital Statistics (ODH/VS) for processing. Once the court paperwork has been received by our office, it will take approximately **three to four** weeks to amend your certificate and have it available for purchasing.

FOR NAME CHANGES OR CONFORMED NAMES: You will need to send a certified copy of the entry approving the name change to Bureau of Vital Statistics (ODH/VS) for processing. Please DO NOT send applications for amended certificates with money/payment with your court paperwork. Please allow time to process the corrections to make the request.

Below are the three ways that a certificate can be purchased. Please do not place an order for a certificate if you have not allowed at least 30 days for processing. You can confirm if the change has been completed by calling the Vital Statistics **Customer Service** line at 614-466-2531 prior to placing your order.

Local Health Department

A birth certificate can be purchased from any local health department for persons born in Ohio. It is not restricted to where the birth occurred. Below is the information for the local health department(s) in your county. Please contact the office directly to verify how an order can be placed, the cost and whether the office is available for same day service. Certificates will be available for issuance after allowing 30 days for processing.

Hamilton County Dept. of Health 250 William Howard Taft Rd, 2 nd Floor Cincinnati, OH 45219 Phone: (513) 946-7800	Cincinnati Health Dept., Office of Vital Statistics 1525 Elm St., 4 th Floor Cincinnati, OH 45202 Phone: (513) 352-3120	Norwood City Health Department 2059 Sherman Ave Norwood, OH 45212 Phone: (513) 458-4600
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Online

Ordering a birth record through the ODH/VS online portal is the fastest way to obtain a certificate. Most orders are filled within five business days and go out first class mail. Each certificate is \$21.50 and can be ordered using credit card. Please go to the following website to place your order after allowing 30 days for processing.

<https://odhgateway.odh.ohio.gov/OrderBirthCertificates/>

Via Mail – USPS

Customers can also apply for a new certificate via mail. These requests go directly to the ODH/VS office and take approximately two to three weeks to fulfill. Applications should not be sent until four weeks after the paperwork was mailed by the court. A check or money order can be made payable to “Treasurer, State of Ohio” for \$21.50 for each birth certificate requested. Applications can be found online at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/vital-statistics/How-to-Order-Certificates> and can be mailed to the address below with the appropriate payment for copies.

Ohio Department of Health
Bureau of Vital Statistics
P.O. Box 15098
Columbus, Ohio 43215-0098

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN THE MATTER OF THE CORRECTION OF BIRTH RECORD OF:

CASE NO. _____

**APPLICATION FOR CORRECTION OF BIRTH RECORD
[R.C. 3705.15]**

In the Probate Court of Hamilton County on the ____ day of _____, ____ appeared _____ requesting that their birth record be corrected in accordance with Section 3705.15 of the Revised Code as follows:

Information recorded in this box should match information currently listed on the Birth Record			
Child's Information			
1. Full Name of Child _____	2. Date of Birth _____	3. Place of Birth (city and county) _____	4. Sex _____
Information of parent(s) currently listed on the Birth Record			
5. Parent's Name _____		6. Parent's Name _____	
7. Place of Birth _____	8. Date of Birth _____	9. Place of Birth _____	10. Date of Birth _____

ITEMS TO BE CORRECTED OR ADDED

Box No. ____ Reads as _____ Should Read _____

Box No. ____ Reads as _____ Should Read _____

Box No. ____ Reads as _____ Should Read _____

Box No. ____ Reads as _____ Should Read _____

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

Signature of Registrant or Applicant

Address

City, State, Zip Code

Phone Number including Area Code

Sworn to before me and subscribed in my presence this ____ day of _____, _____.

Notary Public/Deputy Clerk

JOURNAL ENTRY ORDERING CORRECTION OF BIRTH RECORD

The Court on consideration of the evidence submitted finds and orders that notice of hearing be dispensed with and the birth record of registrant be corrected in accordance with the facts set forth above and that a certified copy of the order of the Court be forthwith transmitted to the Director of Health as provided by law.

Ralph Winkler, Probate Judge

By: _____
Deputy Clerk

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN THE MATTER OF _____

CASE NO. _____

**ENTRY DISPENSING WITH SETTING OF HEARING
ON CORRECTION OF BIRTH RECORD**

The Court orders that the setting of a hearing be dispensed with in this matter.

Ralph Winkler, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN THE MATTER OF _____

CASE NO. _____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

_____ being first duly cautioned and sworn, deposes and says that he/she **[check one of the following]**:

Was the attending physician at the birth of _____ and the statements in the Application to Correct Birth Record are true as they verily believe.

Have read the application of _____ and that they have personal knowledge that the facts stated in the Application to Correct Birth Record and that the statements made therein are true as they verily believe.

Affiant

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

Deputy Clerk/Notary Public

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN RE: CHANGE OF SEX MARKER OF _____
(Minor's Name)

CASE NO. _____

CONSENT TO CHANGE OF SEX MARKER

The undersigned, _____

[check one of the following 3 capacities by which your consent is given]

- Mother
- Father
- Alleged Father

hereby waives notice of the hearing on the Application for Change of Sex Marker and consents to the change of Sex Marker from _____ to _____ as proposed in the Application.

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

Deputy Clerk/Notary Public

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN RE: CHANGE OF SEX MARKER OF _____
(Minor's Name)

CASE NO. _____

CONSENT TO CHANGE OF SEX MARKER

The undersigned, _____

[check one of the following 3 capacities by which your consent is given]

- Mother
- Father
- Alleged Father

hereby waives notice of the hearing on the Application for Change of Sex Marker and consents to the change of Sex Marker from _____ to _____ as proposed in the Application.

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

Deputy Clerk/Notary Public

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN THE MATTER OF: _____

CASE NO. _____

**ENTRY ORDERING CORRECTION OF BIRTH RECORD TO BE
RELEASED TO THE OHIO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS**

The Application for Correction of Birth Record having been granted in this matter, the Court orders the clerk to forward a certified copy of Birth Correction and all necessary information to the Ohio Department of Health Bureau of Vital Statistics for the issuance of a revised birth certificate for the above named individual.

Ralph Winkler, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE**

IN THE MATTER OF _____

CASE NO. _____

DECISION OF MAGISTRATE

Documents or Witnesses	Date of Record	Birth Place	Date of Birth	Parent 1	Parent 2

Supplemental Findings as to birth father are attached hereto.

ITEMS TO BE CORRECTED OR ADDED

BOX NO. _____ READS AS _____
SHOULD READ _____

BOX NO. _____ READS AS _____
SHOULD READ _____

BOX NO. _____ READS AS _____
SHOULD READ _____

BOX NO. _____ READS AS _____
SHOULD READ _____

BOX NO. _____ READS AS _____
SHOULD READ _____

Magistrate