

## **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 either a Doctor, Clinical Psychologist, Certified Nurse Practitioner, or Physician's Assistant 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 required.**

**If publication is required, you will use the Notice of Hearing on Change of Sex Marker.**

**The application will be set for hearing and publication of notice will be required in a news paper of general circulation in the County at least thirty (30) days before the hearing on the application.**

**The Cincinnati Court Index Press will be paid directly by the Court from the initial filing fees for this case. After publication is completed, the Cincinnati Court Index Press will send the Court proof of publication and Entry Approving Publication.**

**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, 4<sup>th</sup> 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, 2<sup>nd</sup> 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, certified check (made payable to PROBATE COURT), debit/credit card. Personal checks and money orders 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 9<sup>th</sup> floor of the Probate Court, 230 East 9<sup>th</sup> Street, Cincinnati, Ohio or by downloading the forms from the web site at [www.probatect.org](http://www.probatect.org).

<b>A. Filing of Application where hearing is waived:</b>
Self-Representation Form (270.01) - Sign and Complete information if you <b>do not</b> have legal representation
When all forms have been completed, present them to the Magistrates' Assistant at the information desk on the 9 <sup>th</sup> 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 <b>corrected</b> Birth Certificate <b>you</b> 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>B. Filing Application where a evidentiary hearing is set:</b>
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 <b>30 days after receiving the Court Order</b> .  To obtain a certified copy of the <b>corrected</b> Birth Certificate <b>you</b> 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 <sup>nd</sup> Floor Cincinnati, OH 45219 <b>Phone:</b> (513) 946-7800	Cincinnati Health Dept., Office of Vital Statistics 1525 Elm St., 4 <sup>th</sup> Floor Cincinnati, OH 45202 <b>Phone:</b> (513) 352-3120	Norwood City Health Department 2059 Sherman Ave Norwood, OH 45212 <b>Phone:</b> (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

## **A CITIZEN'S GUIDE TO COMMUNICATING WITH THE JUDGE AND MAGISTRATES**

### **Why can't I communicate directly with the judge or magistrate on my case?**

If the matters are contested, judges and magistrates are not allowed to communicate with individual parties. This is what the law calls an *ex-parte* communication (this is when a judge or magistrate only communicates with an individual party, on their own, without the knowledge of all parties to a case). In order to keep the court process as fair, equal and as transparent as possible, *ex-parte* communication is strictly forbidden. It is unfair for the court to share information without all of the parties present.

You cannot email the judge or magistrate, as the email is considered an *ex-parte* communication. In addition, emails are not pleadings (motions.) You cannot write a personal letter to the judge or magistrate as this may be considered an *ex-parte* communication.

### **How can I speak to the judge or magistrate on my case?**

Typically, to speak to the judge or magistrate on your case, you must file a written motion with the court explaining what you want the court to do and all motions become part of the public record. You also have to send a copy of whatever you file to the other parties, or their attorney if they are represented by an attorney (this is called "service"). A motion is not considered an *ex-parte* communication because all parties are officially notified. You may be required to pay a filing fee when you file your written motion. Please note, there is no fee if you wish to speak to the magistrate in an uncontested matter, on their assigned walk-in days.

### **I've heard there's always a magistrate on duty to hear arguments immediately – what does that mean?**

There is a magistrate on duty every business day. The on-duty magistrate may answer generic procedural questions. The on-duty magistrate may also discuss matters in an uncontested case. For all other matters, the on-duty magistrate is prohibited from speaking with you. To address the court for these matters, you must file a written motion. The on-duty magistrate will set the matter for hearing before the magistrate assigned on your case or the judge.

### **What if I need to tell the judge or magistrate something I don't want the other party to know about?**

Unfortunately, you cannot withhold information from another party to your case. In order to keep the case fair to everyone involved, as soon as you tell the judge or magistrate something, you must also tell the other parties. All sides must have an opportunity to respond to the information that you have shared with the court.

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

**IN THE MATTER OF:** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**SELF-REPRESENTATION ACKNOWLEDGMENT**

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court has recommended that I hire an attorney to represent me in this case. However, I have chosen to proceed with this case without the assistance of an attorney.
2. The Court and its Deputy Clerks are prohibited by law from providing legal advice. I will follow the instructions provided in the form packets and on the Court's website, [www.probatect.org](http://www.probatect.org).
3. I am responsible for understanding and correctly applying any statutes, case law, rules, regulations, policies, and procedures that relate to this case, including, but not limited to, the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Hamilton County Probate Court Local Rules of Practice, and the Ohio Rules of Civil Procedure.
4. The same standards that apply to attorneys and persons represented by attorneys in similar probate hearings will apply to myself.
5. If I do not fulfill my responsibilities in this case as required by law, I may be subject to sanctions or penalties as provided by law, which may include removal as fiduciary or being required to be represented by an attorney.
6. I may be personally liable to any person or entity that suffers damages as a result of anything I do or fail to do in this case that does not comply with the legal requirements.

\_\_\_\_\_  
Fiduciary/Applicant/Guardian

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Email

**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:

<b>Information recorded in this box should match information currently listed on the Birth Record</b>			
<b>Child's Information</b>			
1. Full Name of Child _____	2. Date of Birth _____	3. Place of Birth (city and county) _____	4. Sex _____
<b>Information of parent(s) currently listed on the Birth Record</b>			
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 RE: BIRTH RECORD CORRECTION OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**JUDGMENT ENTRY SETTING HEARING AND ORDERING NOTICE**

[R.C. 2717.08 and 2717.14]

The Court sets the Application for Birth Record Correction in this case for hearing on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ M.

The Court orders the Applicant to serve a Notice of Hearing in the following manner on all necessary parties who have not waived notice:

☐ By Certified Mail, return receipt requested

☐ By personal service

☐ By publication once in a newspaper of general circulation in this county at 30 days before the hearing

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant shall file proof of service with the Court before the hearing.

\_\_\_\_\_  
Ralph Winkler, Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

**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 WINWLER, JUDGE**

**IN RE: CHANGE OF SEX MARKER OF** \_\_\_\_\_  
(Minor's Name)  
**CASE NO.** \_\_\_\_\_

**NOTICE TO PARENT**

To: \_\_\_\_\_

You, as the living parent of \_\_\_\_\_, a minor,  
are hereby notified that on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, an application  
was filed on behalf of said minor, to change the Sex Marker from \_\_\_\_\_  
to \_\_\_\_\_.

The matter has been set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at  
\_\_\_\_\_ o'clock \_\_.M. in Room \_\_\_\_\_ in the Hamilton County Probate Court, in the  
William Howard Taft Center, 230 East Ninth Street, Cincinnati, Ohio 45202-2145, before  
Magistrate \_\_\_\_\_.

\_\_\_\_\_  
Applicant

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

**IN RE:** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**AFFIDAVIT OF UNKNOWN FATHER**

State of Ohio, County of Hamilton: SS

Upon being duly sworn, \_\_\_\_\_ does hereby state the following:

1. I, \_\_\_\_\_, hereby state the minor,  
\_\_\_\_\_, is the biological child of  
\_\_\_\_\_.
- 2.) The minor, \_\_\_\_\_ was born on  
\_\_\_\_\_.
- 3.) The natural mother, \_\_\_\_\_ has had physical  
custody of \_\_\_\_\_ since the birth of the minor.
- 4.) The identity of biological father is unknown and cannot be readily  
ascertained.

Further Affiant sayeth naught.

\_\_\_\_\_  
Affiant

Sworn to before me and subscribe in my presence this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk



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

**IN RE: CHANGE OF SEX MARKER OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**NOTICE OF HEARING ON CHANGE OF SEX MARKER**

Applicant gives notice that the Applicant has filed an Application for Change of Sex Marker in this Court, requesting the change of sex marker from \_\_\_\_\_  
to \_\_\_\_\_.

A hearing on the Application will be held on \_\_\_\_\_, 20\_\_\_\_\_,  
at \_\_\_\_\_ o'clock \_\_\_\_\_. M. in the Probate Court of Hamilton County, located at 230 E. Ninth Street, Room \_\_\_\_\_, Cincinnati, Ohio.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email Address

Note to Publisher: The above legal notice including the caption is to be published once in its entirety. Costs are to be paid by applicant and an Affidavit of Publication is to be furnished to applicant.

**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

**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