

**Ohio Department of Health, Office of Vital Statistics
Birth Affidavit Process**

Birth Affidavit Completion Key

Follow the instructions below to properly complete each numbered item on a Birth Affidavit.

1. The **State of** will always contain OHIO.
2. The **County of** will be the county that the child was born in.
3. **Registrars No.** will be the local registrar's number on the Original Birth Record.
4. **File No.** is the State File Number on the Birth Record.
5. **Name as recorded** should be the name on the Original Birth Record located in IPHIS.
6. **Date of Birth** will also be what is listed on the Original Birth Record in IPHIS.
7. **Place of Birth** should list the city and county on the Original Birth record in IPHIS.
8. **Father's Name** will be the whole name listed on the Original birth record in IPHIS. If no father is listed on the Original Birth Record then the field should be left blank.
9. **Mother's Maiden Name** is the only thing that should be in this field. The Mother's whole name is not needed. It should read exactly what is on the original Birth Record in IPHIS.
- 10 – 14. The **Item(s)** that the customer would like to have corrected. In reference to instruction 3 on the back of the Birth Affidavit form, enter the name of the item such as Mother's Maiden Name, Child's First Name, Child's Middle Name instead of the item number or Mother's Name and Child's Name due to the different birth certificate formats over the years. The "**Should Read**" portion of this item will be exactly what the customer is correcting.
15. If the **person executing the birth affidavit** is the child listed on Original Birth Record in IPHIS they should print the full name that they presently go by. If the parent(s) are executing the affidavit they should put down their name(s) presently.
16. If the person executing the Birth Affidavit is the child listed on the Original Birth Record in IPHIS they will list their date of birth. If they are using the Birth Affidavit to correct their birth month or day they will put down the corrected date of birth. If the parent(s) are correcting the Birth Affidavit they will need to put down their date of birth(s). If the parent(s) are using the Birth Affidavit to correct their own date of birth(s) they should put down the corrected date of birth.
17. The **Street address** should be where the person(s) executing the affidavit currently resides.
18. Will be the child's name listed on the Original Birth Record in IPHIS if the Birth Affidavit is not correcting the child's given name. If the Birth Affidavit is correcting any portion of the child's name the corrected name should be listed.
19. For **Relationship to child** if the child is executing the Birth Affidavit they can put "self" on this line. If someone other than the child is executing the Birth Affidavit they will put down their relationship to the child listed on the Birth Record.
20. The name of the **person who is executing the affidavit** will go here. Please note that the name the person(s) is signing here should match the name printed on Item 15 (Name of person(s) executing the Birth Affidavit).
21. **Date Signed** will be the date the Birth Affidavit is being signed in front of the notary.
22. **Signature of Notary** goes here.
23. The **Date commission expires** must be completed by the notary this, is the date the notary will fill out.

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

(1) State of _____

**AFFIDAVIT
CORRECTION OF
BIRTH RECORD**

(3) Registrar's No. _____

(2) County of _____

(4) File No. _____

INFORMATION AS IT APPEARS ON ORIGINAL RECORD – PLEASE PRINT LEGIBLY

(5) Name as recorded _____

(6) Date of birth _____ (7) Place of birth _____
City, Village, Township County

(8) Father's name _____ (9) Mother's maiden name _____

ITEMS TO BE CORRECTED OR ADDED

(10) Item _____ Should Read _____

(11) Item _____ Should Read _____

(12) Item _____ Should Read _____

(13) Item _____ Should Read _____

(14) Item _____ Should Read _____

PERSON SWEARING TO THE ABOVE FACTS

I/We _____ (15) _____ born _____ (16) _____
Name(s) of person(s) executing affidavit Date(s) of birth

and residing at _____ (17) _____ being duly sworn say that I/we have
Street address, City, State and Zip

personal knowledge that the foregoing facts are true and correct relative to _____ (18) _____
Correct spelling of Child's name

being the _____ (19) _____
Relationship to child

(20)
Signature of person(s) executing affidavit

(21)
Date Signed

(22)
Signature of Notary

(23)
Date commission expires

NO ERASURES, CROSS OUTS OR CORRECTION FLUID PERMITTED