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 ____________________________

(2) County of __________________________

(3) Registrar’s No. _______________________

(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) ___________________ (16)

Name(s) of person(s) executing affidavit born ___________________ Date(s) of birth ___________________

and residing at ________________________________________________________ (17) ___________________

Street address, City, State and Zip being duly sworn say that I/we have

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 Date Signed __________________

________________________ (22) __________________

Signature of Notary Date commission expires __________________

NO ERASURES, CROSS OUTS OR CORRECTION FLUID PERMITTED

(HEA 2727 Rev. 1/97)