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

AFFIDAVIT CORRECTION OF BIRTH RECORD

State of OHIO		Registrar's No	
County of		File No	
11	NFORMATION AS IT APPEARS ON	ORIGINAL RECORD – PLEASE PRINT LEGIBL	Y
Name as recorde	ed		
Date of birth		e of birth	
Father's name Mother's r			
	ITEMS TO BE	CORRECTED OR ADDED	
Item	Should read		
	PERSON SWEAF	ING TO THE ABOVE FACTS	
I / We	Name(s) of person(s) executing affidavit	born Date(s) of birth	
and residing at _	Street a	Idress, City, State and Zip	
sworn say	r that I / we have personal knowled	e 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 exp	ires