

Supporting Affidavits

In the Matter of the Correction of Birth Record of

_____ State of Ohio, _____ Affidavit of Physician

The undersigned, being first duly sworn, deposes and says the he was the physician in attendance at the birth of _____ the applicant and that the facts stated herein are true as he/she verily believes.

(Name of Applicant at Birth)

(Attending Physician)

(Address)

Sworn to before me and signed in my presence by the said _____
this _____ day of _____, 20____.

(Official Title)

NOTE: If the affidavit of the attending physician cannot be secured, the application must be supported by the following affidavit, relative or non-relative, having personal knowledge of the facts.

.....
State of Ohio, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that he/she is _____ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being _____
(state relationship, if any, or state facts showing personal knowledge)
and that the statements made in the application are true as he/she verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____
this _____ day of _____, 20____.

(Official Title)

.....
State of Ohio, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that he/she is _____ years of age, that he/she has read the application and that he/she has personal knowledge of the facts stated therein by reason of being _____
(state relationship, if any, or state facts showing personal knowledge)
and that the statements made in the application are true as he/she verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____
this _____ day of _____, 20____.

(Official Title)