

Ohio Department of Health • Office of Vital Statistics

Application to File an Affidavit to an Ohio Birth or Death Certificate

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Crossouts, corrective fluid and typos will not be accepted on this form

Eligibility

For birth records: You must be the person named on the record and at least 18 years old, a parent listed on the record, or a legal guardian for the child named on the record. If both parents are listed, and the child is a minor (under 18 years old), both parents must sign the affidavit. Corrections to last names, date of birth and gender will not be accepted. This affidavit cannot be used to add a father to a birth record.

For death records: Only the informant or the funeral director may change the non-medical information as listed on the record. Cause of death information may only be changed by the attending physician or the coroner/medical examiner using a medical supplement. Corrections to date of death and marital status will not be accepted using this form. Social Security number information will only be changed if documentation is provided.

Once a correction of an item has been made, that item cannot be corrected or amended again except on the order of the court.

\*Please see the back of this form for a full listing of specific items that can/cannot be corrected using this form.  
\*Please print in ink or type

Applicant (Person requesting the correction)

Name first, middle, last  
I represent the Person as:  Self  Parent  Guardian  Informant  Funeral director  Other  
Address \_\_\_\_\_ Daytime phone number (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Original certificate information  Birth record  Death record  Fetal death record

State filing number vol/cert \_\_\_\_\_ Local registrar number cert \_\_\_\_\_  
Name as recorded first, middle, last \_\_\_\_\_ Sex  Female  Male  
Date of event date of birth/date of death \_\_\_\_\_ Place of event City \_\_\_\_\_  No Name Listed County \_\_\_\_\_  
Mother's full name first, middle, maiden name \_\_\_\_\_  
Father's full name first, middle, last \_\_\_\_\_

Items to be corrected

Item #/Item name	Information as it appears on original certificate	Correct information

Affidavit of personal knowledge (this section must be signed before a notary public)

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me on this date appeared \_\_\_\_\_  
*Person(s) executing affidavit*

now residing at \_\_\_\_\_  
Street City State ZIP

Being duly affirmed say that I/we have personal knowledge that the foregoing facts are true and correct relative to

\_\_\_\_\_  
*(Correct spelling of name)*

Signature\*\* \_\_\_\_\_  
\*\*Please sign EXACTLY as the name printed above appears

Signature \_\_\_\_\_  
HEA 2726 (Rev. 5/05)

Affirmed to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary \_\_\_\_\_

Date Commission Expires \_\_\_\_\_