

Supporting Affidavits In the Matter of the Correction of Birth Record of

The State of Ohio, _____ Affidavit of Physician

The undersigned, being first duly sworn, deposes and says that he was the physician in attendance at the birth of _____ the applicant and that the facts

(Name of applicant at birth)

stated herein are true as he verily believes.

(Attending physician)

(Address)

Sworn to before me and signed in my presence by the said _____

this _____ day of _____, _____.

(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 is _____ years of age, that ___he has read the application and that ___he 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 verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____

this _____ day of _____, _____.

(Official title)

State of Ohio, _____ Affidavit

The undersigned, being first duly sworn, deposes and says that ___he is _____ years of age, that ___he has read the application and that ___he 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 verily believes.

(Signature of Affiant)

(Address)

Sworn to before me and signed in my presence by the said _____

this _____ day of _____, _____.

(Signature of Affiant)

(Official title)