



REQUEST FOR PUTATIVE FATHER SEARCH AND AFFIDAVIT OF SEARCH RESULTS

State Form 54808 (R4 / 10-24)
Approved by State Board of Accounts, 2013
INDIANA DEPARTMENT OF HEALTH

INDIANA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS B-4
Attn: Putative Father
2 North Meridian Street
Indianapolis, IN 46204

Affidavit of Putative Father registry search; copy of notice of filing of petition to establish paternity IC 31-19-5-16. This form is used to search for an affidavit and search the Putative Father registry, then supply the results to the appropriate requester. Request for certified copy of registration or for information request for copy of notice of filing of petition to establish paternity IC 31-19-5-21. The fee is \$16.00 per search per person and is non-refundable.

***** PLEASE note the \$50 Putative Father Registration fee must still be attached to any petition for adoption when it is filed. This payment and form is separate. (See IC 31-19-2-8). *****

Please send this request(s) with a check or money order payable to the Indiana Department of Health, along with a copy of a valid Government, State, or Military identification.

Please note: Incomplete information will prevent an adequate search.

Child's Name	First	Middle Name	Last Name
Child's Date of Birth (month, day, year)			
Childs' Place of Birth	City	County	State
Child's Mother's Name	First	Middle Name	Last Name
All previous names			
Putative Father's Name			

Requestor's Information:

Today's Date: ___ / ___ / ___

You may have the affidavit mailed or emailed to you. Please check one.

Name: _____
Address: _____

Name: _____
Email: _____

Telephone Number: _____

Are you the Attorney or the Adoption Agency handling the adoption of the child named on this form? YES NO
If NO, please explain your connection to the child:

By signing below, I am indicating, under the penalties of perjury I am the person, or represent an entity, entitled to receive this information (per IC 31-19-5-21.2): _____

FOR OFFICE USE ONLY	
Amount Paid: \$ _____	Mailed Request Date: ___ / ___ / ___