

Court name

## **PUTATIVE FATHER REGISTRY FEE TRANSMITTAL (IC 31-19-2-8(1))**

State Form 46784 (R4 / 6-13) Approved by State Board of Accounts, 2013 INDIANA STATE DEPARTMENT OF HEALTH

All records are confidential per IC 31-19-5-23. This form is used by the Clerk of Court's Office for collection of fee(s) for the Putative Father Registry. Fees are established by law IC 16-37-1-11.

**INSTRUCTIONS:** The Clerk of Court Office will list each Putative Father Registry fee of each petitioner individually along with, check/money order number, full cause number, name and mailing address. Checks/money orders must be made payable to the Indiana State Department of Health. Mail this form along with the fees to: Indiana State Department of Health Division Vital Records, 2 North Meridian Street, Indianapolis, IN 46204.

Date (month, day, year)

Completed by:				Telephone
Check / Money Order Number	(List co	Cause Number omplete cause number.)		Name of Petitioner and Mailing Address (number and street, city, state, and ZIP code)
FOR OFFICE USE ONLY				
Received by:		Date received (month, day, year)		