



# LOCAL HEALTH DEPARTMENT PATERNITY AFFIDAVIT – CHILD MORE THAN SIXTY (60) DAYS OLD

State Form 48467 (R7 / 5-25)  
INDIANA STATE DEPARTMENT OF HEALTH

Statutory Authority IC 16-37-2  
Confidential: IC 16-37-1-10

Local Health Department Number	File Date (mm/dd/yyyy)	State File Number	PA Number
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Before I signed any section of this affidavit I was allowed to review it alone and without the presence of the person listed in Section B.  
Also, I was given the opportunity to consult with an adult of my choosing.

Signature of Mother

Before I signed any section of this affidavit I was allowed to review it alone and without the presence of the person listed in Section C.  
Also, I was given the opportunity to consult with an adult of my choosing.

Signature of Father

## SECTION A – ACKNOWLEDGEMENT OF PATERNITY

We, \_\_\_\_\_ and \_\_\_\_\_ have read and understand the  
*Father's full legal name* *Mother's full legal name*  
consequences, alternatives, rights and responsibilities regarding this affidavit and being duly sworn upon oath depose and say:

I, \_\_\_\_\_ am the biological father of \_\_\_\_\_, the Child referred to in  
*Father's full legal name* *Child's full name at birth – last name same as Mother*

SECTION D of this affidavit who was born on \_\_\_\_\_ in \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_ State  
(mm/dd/yyyy) City County

\_\_\_\_\_ Hospital or address of location of birth  
I, \_\_\_\_\_ whose maiden name is \_\_\_\_\_, am the mother  
*Mother's full legal name* *Mother's full maiden name*

of the child referred to in Section D of this affidavit and that \_\_\_\_\_ is the biological father of that child.  
*Father's full legal name*

Therefore, I wish for the birth certificate to identify him as the father.

## SECTION B – BIOLOGICAL FATHER'S FACTS OF BIRTH

Full Legal Name	Social Security Number (Pursuant to IC 16-37-2-2.1 (e)(2)(B))	Race (optional)
Date of Birth (mm/dd/yyyy)	Place of Birth (city, state, and county)	
Current Address (number and street, city, state, and ZIP code)	Telephone number ( )	
Name of employer (optional)		
Address of employer (number and street, city, state, and ZIP code) (optional)		
Medical insurance company (optional)	Policy number (optional)	

## SECTION C – BIOLOGICAL MOTHER'S FACTS OF BIRTH

Full Legal Name	Social Security Number (Pursuant to IC 16-37-2-2.1 (e)(1)(B))	Race (optional)
Date of Birth (mm/dd/yyyy)	Place of Birth (city, state, and county)	
Current Address (number and street, city, state, and ZIP code)	Telephone number ( )	
Name of employer (optional)		
Address of employer (number and street, city, state, and ZIP code) (optional)		
Medical insurance company (optional)	Policy number (optional)	

## SECTION D – CHILD'S NAME ON INDIANA CERTIFICATE OF BIRTH

It is our mutual desire that the name of our child on the Indiana Certificate of Birth shall be recorded as:

First	Middle	Last
Sex of Child <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Determined	If known, last four (4) digits child's Social Security Number X X X - X X -	

The child is more than sixty (60) days old.

Initials of Mother: \_\_\_\_\_

Initials of Father: \_\_\_\_\_

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### SECTION E – NOTICE OF CONSEQUENCES, ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

By signing this affidavit, I acknowledge that I have read and understand all of the following:

- A man should NOT sign this form if he is not sure he is the biological father.** I may seek a genetic test before signing this form. Signing a Paternity Affidavit is voluntary. I may not be able to reverse paternity and the legal responsibilities of support associated with it, once I sign a Paternity Affidavit.
- I may sign a Paternity Affidavit at the local Health Department at any time before the child's emancipation, as long as there is no father listed on the birth certificate.
- A woman who knowingly or intentionally falsely names a man as the child's biological father commits a Class A misdemeanor.
- I received both written and verbal information about the legal effects of signing a Paternity Affidavit.
- Since this form has legal consequences, I may want to consult an attorney before signing.
- This affidavit is void if signed after the mother has executed a consent to adoption and a petition to adopt has been filed.
- If I am the presumed father and do not establish paternity now, but want the right to notice and a hearing regarding any adoption of the child, I must register with the Indiana Putative Father Registry through the Indiana State Department of Health.
- If the mother is receiving or plans to receive public assistance (TANF or Medicaid), she may be required to cooperate in establishing paternity and obtaining a support order or face losing those benefits.
- If I do not sign a Paternity Affidavit and am unsure about the paternity of the child, I may contact the Prosecuting Attorney's office in my county for help establishing paternity. They will help arrange tests to establish paternity.
- The custodial party may contact the Prosecuting Attorney's Office in their county for the child support services below through the IV-D program.
  - Establishing paternity
  - Getting a court order for the payment of child support and medical support
  - Finding the absent parent
  - Enforcing child support and medical support orders
- The completion of this legal document establishes paternity with no further court action required and gives the mother or the IV-D agency the right to obtain a child support order requiring the father to pay support.
- The father will have parenting time as outlined by the Indiana Parenting Time Guidelines, unless a court rules differently. See [www.in.gov/judiciary/rules/parenting](http://www.in.gov/judiciary/rules/parenting).
- A man has the right to withdraw/rescind his acknowledgment of paternity only within sixty (60) days of the date the Paternity Affidavit is completed. To do so he must file an action in a court with jurisdiction over paternity and may need to submit to and pay for genetic testing per IC 16-37-2-2.1(k-l). After sixty (60) days the father may not be able to reverse paternity, even if genetic tests prove he is not the biological father.

Signature of Mother	Date (mm/dd/yyyy)
Signature of Father	Date (mm/dd/yyyy)

Subscribed and sworn to before me, the undersigned, a Notary Public, in and for said county, this _____ day of _____, 2_____.	
Signature of Notary	My Commission Expires (mm,dd,yyyy)
Printed Name of Notary	County of Residence