



CERTIFIED COURT ORDER TO CHANGE BIRTH RECORD TO ESTABLISH PATERNITY OR OTHER CHANGES TO BIRTH RECORD

State Form 47970 (R8 / 11-24)
INDIANA DEPARTMENT OF HEALTH

Per IC 31-14-9-2, no later than the tenth (10) day of each month, the clerk of courts shall forward this form to: the Indiana Department of Health Vital Records – COPD, 2 North Meridian Street, Indianapolis, IN 46204.
THIS FORM MUST BE SUBMITTED ALONG WITH THE COURT ORDER FOR THE BIRTH RECORD TO BE CHANGED.

PART A - Information from Paternity Petition – per IC 31-14-9-5

Child's Name as it appears on the <u>Certificate of Live Birth</u> (prior to paternity petition):			
First	Middle	Last	
Child's Date of Birth (Month/Day/Year)		Child's Gender (check one)	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's County of Birth			
Mother's Name:			
First	Middle	Last	
Mother's Maiden Name:			
First	Middle	Last	
Petitioner's Name:			
First	Middle	Last	

Date Petition filed: ____/____/____ Name of Court: _____ Cause Number: _____

PART B - Record of Paternity – per IC 31-14-9-1

In reference to the Child listed in PART A above and based on the attached Court Order, Child's Name on the Certificate of Live Birth shall now be:

First Middle Last

Further, the Father **shall also be added** to the Certificate of Live Birth. His information is as follows:
(IF NOT APPLICABLE, PLEASE STATE, NOT APPLICABLE IN THE SECTION.)

Father's Name:			
First	Middle	Last	
Father's Address: (if known) Number/Street		City	State ZIP
Father's Place of Birth: (if known) County		City	State

Further, the Mother's information on the certificate of live birth shall be amended / changed to read:
(If no changes, please put NOT APPLICABLE in this section.)

Mother's Name:			
First	Middle	Last	
Mother's Address: (if known) Number/Street		City	State ZIP
Mother's Place of Birth: (if known) County		City	State

Though the birth record will be changed, a new birth certificate will NOT be provided to the parents without a completed Application for Search and Certified Copy of Birth Record - State Form 49607 and payment to IDOH.

Please attach a copy of the court order to satisfy the requirements of IC 31-14-9-1.

Affix Clerk of Courts seal here:

File/Date Stamp

Judge or Clerk's Signature