

Affix Clerk of Courts seal here:

File/Date Stamp

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

State Form 47970 (R7 / 10-18)
INDIANA STATE DEPARTMENT OF HEALTH

Per IC 31-14-9-2, no later than the <u>tenth (10) day</u> of each month, the clerk of courts shall forward this form to: the Indiana State 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.

	on the <u>Certificate</u>	of Live Birth (prior to	paternity petition		
First		Middle		Last	
Child's Date of Birth (Month	h/Day/Year)		Child's Gend	er (check one)	
•				`	☐ 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:	<u></u>	Name of Court:		Cause Num	ber:
In reference to the Child Certificate of Live Birth	shall now be:				
Certificate of Live Birth First	shall now be: Middle		Last		
Certificate of Live Birth First Further, the Father shall a	shall now be: Middle also be added to		Last <u>Live Birth</u> . His ii		
Certificate of Live Birth	shall now be: Middle also be added to		Last <u>Live Birth</u> . His ii		
Certificate of Live Birth First Further, the Father shall a	Middle also be added to PLEASE STATE, First	NOT APPLICABL	Last <u>Live Birth</u> . His in .E IN THE SEC	TION.)	ZIP
First Further, the Father shall a (IF NOT APPLICABLE, F	Middle also be added to PLEASE STATE, First Number/Stree	NOT APPLICABL	Last <u>Live Birth</u> . His in .E IN THE SEC Middle	Last	
First Further, the Father shall a (IF NOT APPLICABLE, F) Father's Name: Father's Address: (if known) Father's Place of Birth: (if k)	Middle Also be added to PLEASE STATE, First Number/Stree (nown) County	ertificate of live birth	Last Live Birth. His in E IN THE SEC Middle City City n shall be amen	State State	
First Further, the Father shall a (IF NOT APPLICABLE, F) Father's Name: Father's Address: (if known) Father's Place of Birth: (if k)	Middle Also be added to PLEASE STATE, First Number/Stree (nown) County	ertificate of live birth	Last Live Birth. His in E IN THE SEC Middle City City n shall be amen	State State	
Further, the Father shall a (IF NOT APPLICABLE, Father's Name: Father's Address: (if known Father's Place of Birth: (if k	Middle Also be added to PLEASE STATE, First Number/Stree (nown) County rmation on the cent NOT APPLIC. First	ertificate of live birth	Last Live Birth. His in EIN THE SEC Middle City City city shall be amention.)	State State Other State State State	
First Further, the Father shall a (IF NOT APPLICABLE, For Father's Name: Father's Address: (if known Father's Place of Birth: (if known father), the Mother's information (If no changes, please possible) Mother's Name:	Middle Also be added to PLEASE STATE, First Number/Stree (nown) County rmation on the control NOT APPLIC. First Number/Stree	ertificate of live birth	Last Live Birth. His in the second s	State State State Added / changed to read: Last	ZIP

Judge or Clerk's Signature