



APPLICATION FOR SEARCH OF PATERNITY AFFIDAVIT

State Form 54763 (R2 / 12-19)
INDIANA STATE DEPARTMENT OF HEALTH

PATERNITY AFFIDAVITS IN THE STATE VITAL RECORDS OFFICE BEGAN IN 1989. Prior to 1989, Paternity Affidavits were established by court system.

FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11 AND IC 16-37-1-11.5). Each search for a Paternity Affidavit costs \$8.00. This fee is non-refundable. A certified copy of the record, if found, is included in the search fee.

IDENTIFICATION IS REQUIRED. Requests for Paternity Affidavits sent without proper identification will be returned to the requestor without processing. Please complete <u>all</u> items below.			
Full name at birth			
Could this birth be recorded under any other name? If yes, <i>please give name.</i>			
City of Birth		County of Birth	
Name of hospital (<i>if known</i>)			
Date of Birth (<i>month, day, year</i>)		Age at last Birthday	
Full Name of Father			
Full Name of Mother		Maiden Name	
Purpose of which record is to be used			
Your relationship to child named above			
Signature of applicant			
Mailing address (<i>number and street, city, state, and ZIP code</i>)		<u>MAILING ADDRESS MUST MATCH IDENTIFICATION ADDRESS.</u>	
Daytime telephone number (<i>including area code</i>)		Today's date (<i>month, day, year</i>)	
Send this application, check or money order payable to the Indiana State Department of Health, and a copy of your valid identification to: Vital Records, Indiana State Department of Health, 2 North Meridian Street, Indianapolis, IN 46204.			
The following individuals are eligible to receive a copy of a Paternity Affidavit: <ol style="list-style-type: none">1. The individual (child) named on the Paternity Affidavit (<i>must be eighteen (18) years of age or older and provide valid identification.</i>)2. Parents of individual named on the Paternity Affidavit (<i>must be listed on the record and provide valid identification.</i>)3. Grandparents of individual named on the Paternity Affidavit (<i>must be a parent of a parent listed on the record and provide proof of relationship and valid identification.</i>)4. Sibling eighteen (18) years of age or older of the individual named on affidavit (<i>must provide proof of relationship and valid identification.</i>)5. Current Spouse of the individual named on the affidavit (<i>must provide proof of marriage and valid identification.</i>)6. Court appointed legal Guardian of the individual named on the Paternity Affidavit (<i>must provided valid identification and certified guardianship documents.</i>)7. Attorney (<i>must provide valid identification, release of information signed by client, and or state direct interest on letterhead, and or court documentation.</i>)8. State and or Federal Agencies (<i>must provide valid identification, state direct interest on letterhead and or release of information signed by client.</i>)		The following information must be provided in order for a search to be completed: <ol style="list-style-type: none">1. Full name, place and date of birth, parents' full names, including mother's maiden name.2. Written signature of applicant.3. A photocopy of signature identification of applicant. Do Not send original identification.4. Return address and telephone number of applicant.5. A check or money order payable to the Indiana State Department of Health for the correct fee (s).	
FOR OFFICE USE ONLY			
PA Found <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate Number _____	Receipt Number _____	Initials of Verifier _____