



PATERNITY AFFIDAVIT – HOSPITAL USE

State Form 44780 (R10 / 5-25)
INDIANA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

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 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

SECTION D of this affidavit who was born on _____ in _____ at _____, _____

_____ Hospital or address of location of birth

I, _____ whose maiden name is _____, am the mother

of the child referred to in Section D of this affidavit and that _____ is the biological father of that child.

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 -	
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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 more than seventy-two (72) hours after the birth of the child or 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 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
 - Finding the absent parent
 - Getting a court order for the payment of child support and medical support
 - 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.
- 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)

SECTION F – ESTABLISHMENT OF JOINT LEGAL CUSTODY

If both mother and father agree, they may complete this section of the Paternity Affidavit to elect to share joint legal custody of the child named in Section D. Joint legal custody means both mother and father share authority and responsibility for the major decisions concerning the child’s upbringing, including the child’s education, health care and religious training. Also, mother and father have equal access to the child’s school and medical records. *(Both signatures are required to share joint legal custody.)*

- I wish to share joint legal custody of this child with the father listed in Section B of this affidavit.
 Signature of Mother (go to 2, then 3): _____
 I wish to share joint legal custody of this child with the mother listed in Section C of this affidavit.
 Signature of Father (go to 2, then 3): _____
- If you have chosen to share joint legal custody, the mother still has primary physical custody of the child unless another determination is made in a court proceeding under Indiana Code 31-14.
 Initials of Mother: _____ Initials of Father: _____
- If you agree to share joint legal custody, you **MUST** submit the results of a genetic test, performed by an accredited laboratory no later than sixty (60) days after the child’s birth, that indicate the father listed in Section B is the biological father of the child. Otherwise, your agreement to share joint legal custody will be void. However, the establishment of paternity **IS** still **VALID**.
 Initials of Mother: _____ Initials of Father: _____
- I do **NOT** wish to share joint legal custody of this child and I understand this affidavit may still be used to establish paternity if the other sections are properly completed. *(Only one signature is required but both may sign.)*
 Signature of Mother (go to 5): _____
 Signature of Father (go to 5): _____
- If you have chosen **NOT** to share joint legal custody, the mother has **SOLE** legal custody unless another determination is made in a court proceeding under Indiana Code 31-14. However, the establishment of paternity (SECTIONS A - E) **IS still VALID**.
 Initials of Mother: _____ Initials of Father: _____

Subscribed and sworn to before me, the undersigned, a Notary Public/Witness, in and for said county, this __ day of _____, 2_____.

Signature of Notary/Witness

My Commission Expires (*mm,dd,yyyy*)

Printed Name of Notary/Witness

County of Residence