

PATERNITY AFFIDAVIT UPON MARRIAGE

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

State Form 48468 (R3 / 10-10) INDIANA STATE DEPARTMENT OF HEALTH

Local Health Department Number	File Date (mm/dd/yyyy)		State File Number			
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 al Also, I was given the opportunity to consult with an		nd without the presence c	of the person listed in Section	on C.		
Signature of Father						
SECTION A – ACKNOWLEDGEMENT OF PATERNITY						
			A .			
We,Father's full legal name	and	Mother's full legal name	9	ead and understand the		
consequences, alternatives, rights and responsibili			on oath depose and say:			
I, Father's full legal name	am the biological father of	Child's full name at birt	h – last name same as Mother	, the Child referred to in		
SECTION D of this affidavit who was born on	in		at			
	(mm/dd/yyyy)	City	County	State		
	Hospital or address	s of location of birth	~//	·		
l,	whose maiden nam	ne is		, am the mother		
Mother's full legal name		Mothe	er's full maiden name	and the therm of the standard and		
of the child referred to in Section D of this affidavit		Father's full legal name	is the biologic	cal father of that child.		
Therefore, I wish for the birth certificate to identify	him as the father.					
	TION B - BIOLOGICAL I					
Full Legal Name			uant to IC 16-37-2-2.1 (e)(4))	Race (optional)		
Date of Birth (mm/dd/yyyy) Place of Birth (city, state, and county)						
Current Address (number and street, city, state, and ZIP of	code)			Telephone number ()		
Name of employer (optional)						
Address of employer (number and street, city, state, and a	ZIP code) (optional)					
Medical insurance company (optional)	10		Policy number (optional)			
SECTION C - BIOLOGICAL MOTHER'S FACTS OF BIRTH						
Full Legal Name	S	Social Security Number (Pursi	uant to IC 16-37-2-2.1 (e)(4))	Race (optional)		
Date of Birth (mm/dd/yyyy) Place of Birth (city, state, and county)						
Current Address (number and street, city, state, and ZIP of	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 (The same as the father's	s pursuant to IC 16-37-2-15)		
Gender of Child	□ Not Dotows:	If known, last four (4) digits	child's Social Security Numbe	r		
☐ Male ☐ Female			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:

- 1. 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.
- 2. 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.
- 3. A woman who knowingly or intentionally falsely names a man as the child's biological father commits a Class A misdemeanor.
- 4. I received both written and verbal information about the legal effects of signing a Paternity Affidavit.
- 5. Since this form has legal consequences, I may want to consult an attorney before signing.
- 6. This affidavit is void if signed after the mother has executed a consent to adoption and a petition to adopt has been filed.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. The custodial party may contact the Prosecuting Attorney's Office in their county for the child support services below through the IV-D program. There is a small fee if the parent is not receiving public assistance.
 - 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
- 11. 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.
- 12. 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.
- 13. 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(i-j). After sixty (60) days the father may not be able to reverse paternity, even if genetic tests prove he is not the biological father.
- 4. The information recorded by the Local Health Department is correct and I wish to execute this document.

14. The information recorded by the Local Health Department is correct and I wish to execute this document.				
SECTION F - PROOF OF MARRIAGE				
Name of bride	Name o	of groom		
Date of marriage (month, day, year)	Place of marriage (city, county, and state)			
If the Mother's last name is different than her last name on the Certificate of Live Birth, then additional documentation will be needed; i.e. Dissolution of Marriage Order, Court Order of Legal Name Change, etc.				
A copy of the proof of marriage and divorce, if applicable, will be forwarded to the Indiana State Department of Health pursuant to IC 16-37-2-16.				
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