



PATERNITY AFFIDAVIT

State Form 44780 (R3/1-07)

Indiana State Department of Health - Vital Records

Statutory Authority: IC 16-37-2-2.1 Confidential: IC 16-37-1-10

County of _____ State of INDIANA PA Number: _____

We, _____ and _____, have read and understand the general information regarding this affidavit, being duly sworn upon oath depose and say:

SECTION A - ACKNOWLEDGMENT OF PATERNITY BY BIOLOGICAL FATHER

That I, _____, am the biological father of a _____ child born to _____ on _____ at _____ in the City of _____, County of _____, Indiana.

SECTION B - BIOLOGICAL FATHER'S CERTIFIABLE FACTS OF BIRTH

Full Legal Name: _____ Date of Birth: _____
Place of Birth: _____ Social Security Number: _____

SECTION C - MOTHER'S CERTIFIABLE FACTS OF BIRTH

Full Legal Name: _____ Maiden Surname: _____
Date of Birth: _____ Place of Birth: _____
Social Security Number: _____

SECTION D - MOTHER'S CONSENT

That I, _____, am the mother of the child referred to herein, and that _____ is the biological father of the child, and that I wish for the birth certificate to show him to be the father.

SECTION E - CHILD'S NAME

That it is our mutual desire that the name of our child on the original Indiana Certificate of Live Birth shall be recorded as:

SECTION F - RIGHTS AND RESPONSIBILITIES

By Signing this document, I acknowledge that I have read and understand the following:

1. That this affidavit establishes paternity and gives rise to parental rights and responsibilities including the right of the child's mother or the IV-D agency to collect child support, and that a child support order can be established based on this document without any further evidence concerning the issue of paternity.
2. That if this affidavit is completed there will be no hearing related to the paternity of the child(ren) included in the affidavit.
3. That by contacting the Prosecuting Attorney's Office in my county, I can pursue the following child support services through the IV-D program:
 - a. Location of absent parents whose where-abouts are unknown;
 - b. Securing a court order for the payment of child support; and
 - c. Enforcement of support orders.
4. That this affidavit is void if it is signed more than 72 hours after the birth of my child, or after the mother of the child has executed a consent to adoption of the child, and a petition to adopt the child has been filed.

SIGNATURE OF THE FATHER Date

SIGNATURE OF THE MOTHER Date

Subscribed and sworn to before me, the undersigned, a Notary Public in and for said county, this _____ day of _____, _____ (SIGNATURE OF Notary Public)

My commission expires _____ County of Residence _____

Local File Number: _____ File Date: _____ State File Number: _____