



LOCAL HEALTH DEPARTMENT PATERNITY AFFIDAVIT – CHILD MORE THAN SIXTY (60) DAYS OLD

State Form 48467 (R4 / 7-10)
INDIANA STATE DEPARTMENT OF HEALTH

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 _____, _____ State

_____ 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)(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 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)(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 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
Gender of Child ☐ Male ☐ Female ☐ Not Determined	If known, last four (4) digits child's Social Security Number X X X - X X -	

The child is more than sixty (60) days old.

Initials of Mother: _____

Initials of Father: _____

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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.

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