



Madison County Health Department
206 East 9th Street, Suite 200
Anderson, IN 4601
765-641-9523

APPLICATION FOR PATERNITY AFFIDAVIT COPY

VALID IDENTIFICATION WITH APPLICANT'S SIGNATURE MUST BE SHOWN

PATERNITY AFFIDAVITS ARE AVAILABLE TO THE PARENTS, THEMSELVES, OR A MEMBER OF THEIR IMMEDIATE FAMILY ONLY. (WITH PROOF OF RELATIONSHIP)

****Must prove mailing address when returning copy by mail, if different than I.D.**

Example: Mortgage Statement. Utility Bill, Lease agreement, Bank Statement, Paystub, ect.

How many copies? _____ (\$5 per copy)

Name at Birth: _____

Could this birth be recorded under any other name? If yes, please give name: _____

Date of Birth: _____ City of Birth: _____

Full Name of Father/Parent: _____

Full Name of Mother/Parent: _____ Maiden Name _____

Relationship to Child: _____

Printed Name of person requesting certificate: _____

Signature of person requesting certificate: _____

Address: _____ State: _____ Zip: _____

Phone Number: _____ Today's Date: (Month, Day, Year) _____

**When mailing request, please enclose a self-addressed stamped envelope, Photo copy of valid ID.
\$5.00 per copy (make check or money order payable to Madison County Health Department)**

For Office use only

ID SHOWN _____ Verified BY _____

Date: _____ Receipt# _____ Scanned: _____