## IOWA DEPARTMENT OF PUBLIC HEALTH

Bureau of Health Statistics & Vital Records

# AFFIDAVIT to OBTAIN PHOTOCOPY of CHILD'S PATERNITY AFFIDAVIT

For State Vital Records Office Use Only
Date to cashiers
Date mailed to parent
Processed by

Child's Name After Paternity		Middle, if any		ast (surname)		Suffix (Jr., II, III IV, V)	
First						105 (1 11 11	
Child's Name at Birth First		Middle, if any		st (surname)		Suffix (Jr., II, II IV, V)	
Birth Date (Month, Day, Year)	f Birth		Date Patern	Date Paternity Affidavit submitted to State:			
Mother's Name at Time of Child's Birth First		Middle, if any		Last Name (su	Last Name (surname)		
Forward this complete	med on the affidaventhe state registrarent of Public Hamant of Public Hamant of Public Hamant of and notarized	it of paternity. A non-refund is office pursuant to lowa Adealth. /e processing fee shall I affidavit, a clear photo	able fee or Iministrative be charge copy of	f \$20.00 is charge Code 641—9:  ged for the sethe applicant	ged for the search and prepa	aration of such ney order should the copy.	
pplicant's Name: (Print legib	Applicant's Daytime Phone Number		one Number:	Relationship to Child:			
Mailing Address: (Street Address or P.O. Box)		(City, Town, or Location)			(State and Zip Code)		
AFFIRMATION: The applicant must sign and date this form in the property of the Notary completes and signs below.  APPLICANT: By signing this affidavit, I attest that I am entitled by law to obtain a photocopy of the Paternity Affidavit filed with the State for the child named above.				NOTARY PUBLIC: Affirm the applicant's signature and identity in your presence before completing the section to the left and affixing your signature and			
Applicant's Signature	Date Signed		Notary Seal.  The applicant must present current government- issued photo identification.				
State of	_ County of _	ss		133ασα ρ	NOTARY SEA	L	
Signed & affirmed in my presence  Write name exactly a		tly as appears on applicant's pho	as appears on applicant's photo I.D.				
Notary Public's Signature	•	Date Si	gned				
Nota	ry Address & Expirat	ion Date					
ffidavits must be satist			ront of a	an authorize	d Notary Public using	y valid, curre	
Submit and mail to:  ✓ the \$20 processing fee, ✓ this completed affidavit, and							

(See other side for additional information)

(e.g., driver's license)

photocopy of the applicant's photo I.D.

Des Moines, IA 50319-0075

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## INSTRUCTIONS to OBTAIN a PHOTOCOPY of CHILD'S PATERNITY AFFIDAVIT

This Affidavit form is used to obtain a photocopy of a completed and processed Voluntary Paternity Affidavit after it has been filed with the Iowa Department of Public Health, Bureau of Health Statistics & Vital Records. The Voluntary Paternity Affidavit is a legal document used to establish the biological father on the birth certificate of a child born to an unmarried mother.

## **Entitled Applicant:**

Application to obtain a photocopy of the processed Paternity Affidavit form may only be made by:

- Either parent named on the Paternity Affidavit, or
- Either parent's legal representative

## **Completing the Form:**

- Complete the information as shown on the child's birth certificate after the Paternity Affidavit and at birth, as well as the applicant's name and mailing address.
- Sign the application form only when in the presence of a Notary Public and are able to present current, government-issued photo identification. The Notary must apply a legible signature and notary seal to this form only.

## Cost:

- A fee of \$20 is charged for the search and preparation of the document, which is payable in U.S. funds by check or money order to the Iowa Department of Public Health. The fee is non-refundable if a search is done, but no Paternity Affidavit is found to have been filed.
- A vital records seal will be affixed to the copy and the copy will be clearly marked as a "Copy."

## Submit to State:

- Submit this completed notarized application to the Iowa Department of Public Health at the address listed on the bottom of the application form.
- Include a clear photocopy of the applicant's current, government-issued photo identification and the \$20 processing fee made payable to the Iowa Department of Public Health (or, IDPH).

## For additional information or assistance:

 Contact the Paternity Clerk Specialist in the Bureau of Health Statistics and Vital Records at 515-281-6687.