

**STATE OF IOWA**  
**IOWA DEPARTMENT OF PUBLIC HEALTH**  
*Bureau of Health Statistics*

For State Office Use Only
Certification # _____
Docket # _____
Date Received _____
Date Completed _____

## ABSTRACT FROM COURT DETERMINATION OF PATERNITY

### PART 1. INFORMATION ON REGISTRANT'S CURRENT BIRTH RECORD

CURRENT RECORD

<b>Child's Current Name</b> First _____ Middle (If any) _____ Last (Surname) _____ Suffix (Jr., II, III, IV) _____			
<b>Sex</b> _____	<b>Date of Birth</b> (Month, Day, Year) _____	<b>Place of Birth</b> (City, County, and State) _____	
<b>Mother's Name</b> First _____ Middle (If any) _____ Last Name (Surname) Before Any Marriage _____ Current Last Name _____			

### PART 2. INFORMATION AS ABSTRACTED FROM COURT DETERMINATION OF PATERNITY

RECORD AFTER JUDGMENT

<b>Adjudged Father's Name</b> First _____ Middle (If any) _____ Last (Surname) _____ Suffix (Sr., II, III, IV) _____			
<b>Father's Place of Birth</b> (State or Foreign Country) _____	<b>Father's Birth Date</b> (Month, Day, Year) _____	<b>Father's Social Security No.</b> _____	
<b>Father's Hispanic Origin</b> (Write NONE or specify) _____	<b>Father's Race</b> _____	<b>Father's Highest Education</b> _____	
<b>Child's Name after Judgment</b> First _____ Middle (If any) _____ Last (Surname) _____ Suffix (Jr., II, III, IV) _____			

### PART 3. ADMINISTRATIVE

ADMINISTRATIVE

<b>Name of Petitioner</b> (Full Name) _____	<b>Daytime Phone Number</b> _____
<b>Petitioner's Address</b> (Street Address and P.O. Box, if any) _____ (City, State and Zip Code) _____	
<b>Attorney Handling the Case</b> (Full Name) _____	<b>Attorney Phone Number</b> _____
<b>Attorney's Address</b> (Street Address and P.O. Box, if any) _____ (City, State and Zip Code) _____	

**IF REQUESTED, SEND CERTIFIED COPY OF BIRTH CERTIFICATE TO:**  
 (Check one only if ordering a certified copy and appropriate fees are attached)

- Petitioner as listed above  
 Attorney as listed above

### PART 4. CERTIFICATION OF CLERK OF COURT

Parts 1 & 2 must be completed based on the court decree and verified BEFORE the Clerk of Court may certify this order.

I hereby certify that this determination of paternity was granted on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the State of Iowa by the District Court of \_\_\_\_\_ County.

COURT SEAL

Signature of Clerk of District Court \_\_\_\_\_

Date Signed \_\_\_\_\_ CASE # \_\_\_\_\_