#### STATE OF IOWA

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES Bureau of Health Statistics

# 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				

				<u> </u>			
Child's Name After Paternity	First Middle,	Middle, if any		surname)	Suffix (Jr., II, III, IV, V)		
Child's Name at Birth First	Middle,	if any	Last (s	surname)	Suffix (Jr., II, III, IV, V)		
Birth Date (Month, Day, Year)	City and County of	of Birth		Date Paternity Affidavit submitted to State (optional)			
Mother's Name at Time of Child's Birth First		Middle, if any		Last Name (sumame)			
ursuant to lowa Code section 144.40, a photocopy of the paternity affidavit filed pursuant to lowa Code section 252A.3A and clearly labeled as a copy and be provided to a parent named on the affidavit of paternity. A non-refundable fee of \$15.00 is charged for the search and preparation of such							

Р supporting documents on file in the state registrar's office pursuant to Iowa Administrative Code 641—95.6(1)"b". The check or money order should be made payable to the Iowa Department of Health and Human Services.

A non-refundable \$15 administrative processing fee shall be charged for the search and preparation of the copy. Forward this completed and notarized affidavit, a clear photocopy of the applicant's current, government-issued photo identification (e.g., driver's license), and the \$15 processing fee to the address listed below.

Applicant's Name: (Print legibly	y)	Applicant's Daytime Pho	one Number: Relationship to Child:			
Mailing Address: (Street Addres	ss or P.O. Box)	(City, Town, or Location)	(State and Zip Code)			
-	•	-	esence of an authorized Notary Public.			
The N	otary completes a	and signs below.				
APPLICANT: By signing this a		NOTARY PUBLIC: Affirm the applicant's signature				
photocopy of the Paternity Affid	avit filed with the Sta	ite for the child named above.	d named above. and identity in your presence before completing the section to the left and affixing your signature and			
			Notary Seal.			
Applicant's Signature		Date Signed	The applicant must present current government-issued photo identification.			
State of	County of	ss	NOTARY SEAL			
Signed & affirmed in my presence			NOTARY SEAL			
orgina a aminica in my presence	Write name exactly as appears on applicant's photo I.D.					
Notary Public's Signature		Date Signed				
Notar	y Address & Expiration [	Date				

Affidavits must be satisfactorily completed and signed in front of an authorized Notary Public using valid, current government-issued photo identification.

- ✓ the \$15 processing fee,
- this completed affidavit, and
- ✓ photocopy of the applicant's photo I.D. (e.g., driver's license)

Bureau of Vital Records, Paternity Clerk

321 E. 12th Street, Lucas Bldg. 1st Flr.

Des Moines, IA 50319-0075

(See other side for additional information)

#### STATE OF IOWA

## IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Health Statistics

### 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 Health and Human Services, Bureau of Health Statistics. 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 \$15 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 Health and Human Services. 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 Health and Human Services 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 \$15 processing fee made payable to the Iowa Department of Health and Human Services (HHS).

#### For additional information or assistance:

 Contact the Paternity Clerk Specialist in the Bureau of Health Statistics at (515) 281-6687.