

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

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

AFFIDAVIT to OBTAIN PHOTOCOPY of CHILD'S PATERNITY AFFIDAVIT

Child's Name After Paternity First	Middle, if any	Last (surname)	Suffix (Jr., II, III, IV, V)
Child's Name at Birth First	Middle, if any	Last (surname)	Suffix (Jr., II, III, IV, V)
Birth Date (Month, Day, Year)	City and County of Birth		Date Paternity Affidavit submitted to State (optional)
Mother's Name at Time of Child's Birth First	Middle, if any	Last Name (surname)	

Pursuant to Iowa Code section 144.40, a photocopy of the paternity affidavit filed pursuant to Iowa Code section 252A.3A and clearly labeled as a copy may 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 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 Public Health.

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)	Applicant's Daytime Phone 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 presence of an authorized Notary Public. 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 Notary Seal.

The applicant must present current government-issued photo identification.

Applicant's Signature _____ **Date Signed** _____

State of _____ County of _____ ss

Signed & affirmed in my presence _____
Write name exactly as appears on applicant's photo I.D.

NOTARY SEAL

Notary Public's Signature _____ **Date Signed** _____

Notary Address & Expiration Date

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

Submit and mail to:..... Iowa Department of Public Health
 ✓ the \$15 processing fee, Bureau of Vital Records, Paternity Clerk
 ✓ this completed affidavit, and 321 E. 12th Street, Lucas Bldg. 1st Flr.
 ✓ photocopy of the applicant's photo I.D. Des Moines, IA 50319-0075
 (e.g., driver's license)

(See other side for additional information)

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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 Statistic. 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

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 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."

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.

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 \$15 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 at 515-281-6687.**