



CERTIFIED COURT ORDER TO CHANGE BIRTH RECORD TO ESTABLISH PATERNITY OR OTHER CHANGES TO BIRTH RECORD

State Form 47970 (R6 / 7-12)
INDIANA STATE DEPARTMENT OF HEALTH

Per IC 31-14-9-2, no later than the tenth (10) day of each month, the clerk of courts shall forward this form to: the Indiana State Department of Health Vital Records – COPD, 2 N. Meridian Street, Indianapolis, IN 46204.

PART A - Information from Paternity Petition – per IC 31-14-9-5

Child's Name as it appears on the <u>Certificate of Live Birth</u> (prior to paternity petition):			
First	Middle	Last	
Child's Date of Birth: (Month/Day/Year)		Child's Gender: (check one)	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's County of Birth:			
Mother's Name:	First	Middle	Last
Mother's Maiden Name:	First	Middle	Last
Petitioner's Name:	First	Middle	Last

Date Petition filed: ____/____/____ Name of Court: _____ Cause Number: _____

PART B - Record of Paternity – per IC 31-14-9-1

In reference to the Child listed in PART A above and based on the attached Court Order, Child's Name on the Certificate of Live Birth shall now be:

First Middle Last

Further, the Father shall also be added to the Certificate of Live Birth. His information is as follows:

Father's Name: First		Middle	Last	
Father's Address: (if known)	Number/Street	City	State	ZIP
Father's Place of Birth: (if known)	County	City	State	

Further, the Mother's information on the certificate of live birth shall be amended / changed to read:
(If no changes, please put NOT APPLICABLE in this section.)

Mother's Name: First		Middle	Last	
Mother's Address: (if known)	Number/Street	City	State	ZIP
Mother's Place of Birth: (if known)	County	City	State	

Though the birth record will be changed, a new birth certificate will NOT be provided to the parents without a completed Application for Search and Certified Copy of Birth Record - State Form 49607 and payment to ISDH.

Please attach a copy of the court order to satisfy the requirements of IC 31-14-9-1.

Affix Clerk of Courts seal here:

File/Date Stamp

Judge or Clerk's Signature