PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF: _____

CASE NO. _____

JOINT DECLARATION OF PATERNITY

(R.C. 2105.25)

The undersigned declarants jointly request that the Court issue an order declaring that _____ is the father of _____

The declarants state that:

a) This request is being made freely and voluntarily;
b) The adult child is at least 23 years of age and was born in Ohio;
c) The father is a resident of Butler County, Ohio or resides outside the State of Ohio;
d) The adult child's birth certificate is attached to this application and it does not designate anyone as the father;
e) _____ is the biological father and the genetic test results attached confirm the declaration of paternity;
f) The mother of the adult child has signed this declaration or if unable to join this declaration due to her death or incompetence, proof of her death or incompetency is attached; and
g) It is in the best interests of both the man and adult child that the requested order be issued.

_____ Signature of Alleged Father	_____ Signature of Adult Child
_____ Typed Name of Alleged Father	_____ Typed Name of Adult Child
_____ Address of Alleged Father	_____ Address of Adult Child
_____ City/State/Zip Code of Alleged Father	_____ City/State/Zip Code of Adult Child
_____ Phone Number of Alleged Father	_____ Phone Number of Adult Child
_____ Signature of Counsel for Declarants	_____ Signature of Mother
_____ Typed Name of Counsel .	_____ Typed Name of Mother
_____ Address of Counsel	_____ Address of Mother
_____ City/State/Zip Code of Counsel	_____ City/State/Zip Code of Mother
_____ Phone Number of Counsel	_____ Phone Number of Mother
Supreme Ct. Reg. Number _____	

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF _____

CASE NO. _____

ORDER DECLARING PATERNITY

[R.C. 2105.26]

Upon the appearance of the Joint Declarants, the Court finds that:

1. The order was freely and voluntarily requested.
2. No person is designated as the father on the birth certificate of the adult child.
3. Genetic test results show that the man is the father of the adult child.
4. It is in the best interests of the man and the adult child that the order be issued.

IT IS THEREFORE ORDERED THAT _____ is declared to be the father of _____.

IT IS FURTHER ORDERED THAT the birth certificate of _____ be changed to designate _____ as the adult child's father.

This order excludes child support as set forth in R.C. 2105.26.

_____ Date

_____ Probate Judge/Magistrate

Bureau of Vital Statistics
Application for Ohio Certified Birth Record Copies

Department of Health

As of Jan, 1, 2025, the fee for a search of an Ohio vital record is $21.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). If no birth record is found, a certified "No Record" statement will be issued only if the applicant is requesting their own record or that of a minor child if they are the legal guardian. Any payment made that exceeds $21.50 by more than $2 will be refunded if no record is provided. Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage. Individuals requesting a certified affidavit of paternity must submit this application with the registration number of the document. If not known, please call the Ohio Central Paternity at 1-888-810-6446 prior to completing this application.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

Ohio Department of Health, Vital Statistics
P. O. Box 15098
Columbus, Ohio 43215-0098
(614) 466-2531

☐ **Birth Certificate**
$21.50 per certified copy

☐ **Heirloom Certificate**
$25.00 per certified copy

☐ **Affidavit of Paternity**
$7.00 per certified copy

APPLICANT INFORMATION (the person requesting the record)
Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:		**Email:**	
Street Address:		**Phone Number:**	
City, State, & Zip:		**Signature of Applicant:**	

RECORD INFORMATION (the person on the requested record for Ohio births only)

Full Name (indicate the child's full name as shown on the original birth record):		**If Name Has Changed Since Birth, Indicate New Name:**	
Date of Birth:		**City and County Where the Birth Occurred:**	
○ **Mother** ○ **Father** ○ **Parent**	**Name Before First Marriage:**	○ **Mother** ○ **Father** ○ **Parent**	**Name Before First Marriage:**

FEES (Please make checks / money orders payable to the Treasurer, State of Ohio)

BIRTH:

Please Indicate The Reason For Requesting This Record:

- ☐ **Dual Citizenship**
- ☐ **Genealogy**
- ☐ **International Legal Business**
- ☐ **Out of Country Marriage**
- ☐ **Drivers License**
- ☐ **Passport**
- ☐ **School**
- ☐ **Work Permit**

Number of Birth Record Copies:
_____ x $21.50 = $_____

AFFIDAVIT OF PATERNITY (AOP):

Central Paternity Registry 6-digit Number (Please call the Ohio Central Paternity Registry at (888)-810-6446 if you do not have this number.)
CPR# _____

Number of AOP Copies:
_____ x $7.00 = $_____

TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to Treasurer, State of Ohio. $_____