

PROBATE COURT OF BUTLER COUNTY, OHIO

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

IN THE MATTER OF: _____

CASE NO. _____

ORDER DECLARING PATERNITY

(R.C. 2105.26)

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

- a) The request is being freely and voluntarily made;
- 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) No person is designated as the father on the birth certificate;
- e) Genetic tests confirm that _____ is the father;
- f) The fathers date of birth is _____ and his place of birth is _____
- g) The adult child's mother has either signed the declaration or her death or incompetence have been established;

The Court further finds that it is in the best interests of both the man and adult child that the requested 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.

Date

Probate Judge/Magistrate

Ohio Department of Health • Office of Vital Statistics

Application For Certified Copies

Reason for order

Driver's License		Passport	
Insurance		Genealogy	
School		International Use	
Marriage License		Other	

Mail-in order

Send completed application with required fee to:
 Ohio Department of Health,
 Vital Statistics
 P.O. Box 15098
 Columbus, Ohio 43215-0098
 (614) 466-2531

This space for office use only

Order Number (AFS)
Service
Certificate Number

Certificate Requested: *(What type of certificate is being ordered)*

Birth Certificate \$21.50 per certificate	Heirloom Birth Certificate \$25.00 per commemorative certificate	Paternity Affidavit \$7.00 per certified copy
Death Certificate \$21.50 per certified copy	Fetal Death Certificate \$21.50 per certified copy	Stillbirth Commemorative Abstract Free to birth parents for stillbirth events taking place after September 26, 2003

Registrant Information: *(Information about the person on the requested record)*

Full name <i>(for birth, indicate child's full name as shown on original birth record):</i>		Date of birth:	
Place of birth/death <i>(City/County in Ohio):</i>		Date of death:	CPR stamp number <i>(Paternity only):</i>
Full name of father:		Full name of mother <i>(maiden name prior to first marriage):</i>	
Have there been any corrections or legal changes made to the information on this certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If name was changed since birth, indicate new name:	Did the stillbirth event occur after 20 weeks or less gestation? <i>(Fetal Death/Stillbirth only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Charges: *Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"*

Total number of standard copies or abstracts (birth, death, fetal death):	X \$21.50 =	\$
Total number of heirloom commemorative birth certificates:	X \$25.00 =	\$
Total number of paternity affidavits:	X \$7.00 =	\$
Refunds will be issued only for orders where a certified document cannot be issued, and may be subject to search fees. Overpayment of \$2.00 or less will not be refunded.	TOTAL AMOUNT DUE:	\$

Applicant Information: *(Information about 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:	