

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

In the matter of: _____

Case No. _____

Plaintiff/Petitioner

Judge _____

vs.

Magistrate _____

Defendant/Petitioner

Instructions: This affidavit is required in any private custody proceeding when the child was born as a result of non-spousal artificial insemination.

NON-SPOUSAL ARTIFICIAL INSEMINATION AFFIDAVIT

I. PERSONAL INFORMATION

Name		D.O.B.	
Mailing Address	City	State	Zip Code

II. CHILD S INFORMATION

a. Child's Name	Child's D.O.B
b. Child's Name	Child's D.O.B
c. Child's Name	Child's D.O.B

III. NON SPOUSAL ARTIFICIAL INSEMINATION AFFIDAVIT

1. I gave birth to the above named child(ren), who was/were conceived as a result of non-spousal artificial insemination.
2. The non-spousal artificial insemination was either performed by a physician or a person under the supervision and control of a physician. **Name of Physician:** _____
3. All applicable provisions of ORC 3111.88 through ORC 3111.96 regarding non-spousal artificial insemination were followed.
4. I am not a married woman as contemplated by ORC 3111.95, therefore, pursuant to ORC 3111.95 (B) there is no legal or natural father of the above named child.
5. I declare that the foregoing is true and correct:

Signed: _____ Date: _____

State of Ohio)
) ss:
County of _____)

Subscribed, sworn to, and acknowledged before me this _____ day of _____, 20____.

Notary Public