

DETERMINATION OF PATERNITY

THE INFORMATION ON THIS FORM IS USED TO CREATE A NEW BIRTH CERTIFICATE

Section 3705.09 of the Ohio Revised Code states that when a man is presumed or found to be the father of a child according to Section 3111.01 to 3111.19 of the Revised Code or the father has acknowledged the child as his in accordance with former Section 2105.18 and current section 5101.314 of the Revised Code, and documentary evidence of such fact is submitted to the Ohio Department of Health in such form that may be required, a new birth record shall be established.

CHILD'S PERSONAL DATA

Name of Child from Original Birth Record (First, Middle and Last)		Name of Child after Determination of Paternity (First, Middle and Last)	
Place of Birth (City, County, State)		Date of Birth (Month, Day, Year)	Sex
Mother's Maiden Name	SSN:	Mother's Name at Time of the Child's Birth (First, Middle and Last)	

FATHER'S PERSONAL DATA

ALL INFORMATION IS TO BE GIVEN AS OF THE TIME OF THE CHILD'S BIRTH

Full Name of Father		SSN:	Place of Birth (State or Foreign Country)
Date of Birth (Month, Day, Year)		Race (American Indian, Black, White, etc.)	
Origin or Descent (Italian, Mexican, German, English, etc.)		Of Hispanic Origin? Yes or No (If yes, specify)	
Usual Occupation	Kind of Business or Industry		Education (Highest Grade Completed) Grades 1-12 or College 1-4 or 5+

CERTIFICATION

State of _____ County of _____

I hereby certify that _____ was determined to be the father of the above named
(Father's Name)
child on _____, Case No. _____ and order the Ohio Department of Health to create
(Date)
a new birth record for this child.

CHILD SUPPORT ENFORCEMENT AGENCY COUNTY OF _____ _____ Administrative Hearing Officer of the Agency	COURT OF _____ DIVISION OF _____ _____ Judge, Magistrate or Deputy Clerk
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