

## POLICY AND PROCEDURE

<b>SUBJECT/TITLE:</b>	Acknowledgement of Paternity
<b>SCOPE:</b>	Vital Statistics
<b>CONTACT PERSON &amp; DIVISION:</b>	Olivia Roston, Vital Statistics Registrar
<b>ORIGINAL DATE ADOPTED:</b>	9/12/17
<b>LATEST EFFECTIVE DATE:</b>	07/13/2021
<b>REVIEW/REVISION DATE(S):</b>	07/23/18, 8/2/19, 09/09/2019, 4/30/2020, 07/07/2021
<b>REVIEW FREQUENCY:</b>	Annually, or as needed
<b>TOTAL # OF PAGES:</b>	2
<b>BOH APPROVAL DATE:</b>	9/12/17

## PURPOSE

The intent of this document is to establish guidelines for proper completion of Acknowledgement of Paternity affidavits. Adherence to this standard will:

1. Ensure Acknowledgement of Paternity affidavits are completed when appropriate and;
2. Ensure Acknowledgement of Paternity affidavits are complete and accurate.

## POLICY

The Galion City Health Department assists customers with completing Acknowledgement of Paternity affidavits when there is no father listed on the record and they wish to add the biological father to birth records in accordance with ODH guidelines.

## BACKGROUND

Birth records are often created with no father listed. Therefore, per a customer's request, local health departments can complete Acknowledgement of Paternity affidavits to add the biological father in accordance with ODH guidelines.

## GLOSSARY OF TERMS

The following definitions are relevant to this document.

ODH – Ohio Department of Health

AOP - Acknowledgement of Paternity Affidavit

## PROCEDURES & STANDARD OPERATING GUIDELINES

If there is no father listed on a child's birth certificate at the time of birth, paternity has not been established though child support, and a man acknowledges that he is the father of the child, an "Acknowledgement of Paternity Affidavit" can be completed. The form is in safe #1 in a red folder, the form is brown. The original form must be used, no copies or computer printouts.

- I. First make sure the parties read the information side of the paternity affidavit before they complete the affidavit. Both parents must sign the paternity affidavit and both signatures must be notarized. This will place the man's name on the birth certificate. This process may take 2-3 months before it appears in the IPHIS database.
- II. The form must be filled out completely in blue or black ink. There cannot be any mistakes (no erasures, cross-outs, white out, or write over information) or blanks except for the new child's name if it is not being changed. If the child's name needs to be changed, be sure to check "yes" in the "Child's Information" section and write in the new name (If

parents are estranged, inform them if the form is filled out separately, one person could check the box to change the child's name without the other knowing, so be sure to check NO if not changing).

III. At the bottom of the page enter "1702" for Galion in the local "Registrar #" box.

IV. After the affidavit has been completed, signed and notarized, it must be sent within 10 calendar days of the last signature to the Central Paternity Registry, listed on the informational side of the affidavit.

V. The "Local Registrar Transmittal Log" form must also be completed and included with the affidavit.

Local Registrar Name & ID # is local registrar's name and our District # - 1702.

Contact Name: (Registrar name)

Local Registrar Code #: (District # 1702)

Total # of Affidavits Enclosed: (# enclosed)

Then fill in the rest with child(ren's) name(s) and birth date(s) that are included.

VI. Mail Acknowledgement & Transmittal to address on back of Acknowledgement at the bottom.

Order more affidavits from Job & Family Services Warehouse @ [www.odjfs.state.oh.us/forms](http://www.odjfs.state.oh.us/forms).

Our Customer ID# is 11303

**Just make copies of the transmittal log.**

#### CONTRIBUTORS

The following staff contributed to the authorship of this document:

1. Olivia Roston, primary author

#### REFERENCE FORMS

Acknowledgement of Paternity Affidavit

Local Registrar Transmittal Log

#### SIGNATURES

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Andrea Barnes, RS  
Interim Health Commissioner

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Date