



HAMILTON COUNTY HEALTH DEPARTMENT

CHARLES HARRIS, M.D. • HEALTH OFFICER

Instructions For Paternity Affidavit Applications via Mail

Parents of children born in Hamilton County that signed a Paternity Affidavit in the hospital or came into the Health Department can receive a copy of the paperwork from this office. To obtain a copy of the Paternity Affidavit, please complete the following:

1. Complete Application
2. Must Enclose Copy of Photo ID (i.e. Drivers License)
3. Cash or Money Orders only – **No Personal Checks or Credit Cards**
Fee: \$15 each
4. Self Addressed Stamped Return Envelope

Mail Request to: Hamilton County Health Department
18030 Foundation Drive, Suite A
Noblesville, In 46060

Receipt No. _____

Date received _____

Application for Copy of Hamilton County Paternity Affidavit

Child's Name _____

Child's Date of Birth _____

Number of copies needed _____ (*\$15 each*)

Parent's signature _____ (need copy of ID)

Print Name _____

Mailing
Address _____

City/State _____ Zip _____

Phone # _____ Date signed _____

Charge: \$15.00 each copy
Cash or Money Order – No Personal Checks
Copy of ID

FOR OFFICE USE ONLY

Taken to Microfilm _____ Received from Microfilm _____ Date Mailed _____