

# Ohio Central Paternity Registry

P.O. Box 183206 Columbus, OH 43218-3206 PHONE: 888-810-6446

## REQUEST FOR INFORMATION RE: PATERNITY ESTABLISHMENT

Instructions:

Complete the top portion of the forma and email to: [kandacebillingsley@maximus.com](mailto:kandacebillingsley@maximus.com). Use a separate form for each child. We require 72 hours from the date of email to return search results. Search res ults will be based upon the data provided *exactly* as it is on the form.

Utilizing the electronic form filled version of the form is preferred, however, clearly printed copies will be accepted.

Person/Agency requesting information: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Return Email Address: \_\_\_\_\_

CHILD FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

D.O.B. \_\_\_\_\_

MOTHER FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

D.O.B. \_\_\_\_\_

FATHER FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

D.O.B. \_\_\_\_\_

### **CPR SEARCH RESULTS:**

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No paternity records on file

Paternity establish by Affidavit \_\_\_\_\_ CPR # \_\_\_\_\_  
Received from: Hospital CSEA Vital Statistics Mail

Paternity established by Administrative Order  
Case Number # \_\_\_\_\_  
Date \_\_\_\_\_

Paternity established by Court Order CPR# \_\_\_\_\_  
Case Number # \_\_\_\_\_  
Date \_\_\_\_\_

Additional Notes: