

**COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS
PATERNITY REPORT**



****TYPE OR PRINT IN PERMANENT BLACK INK****

KRS 213.071 (2) If paternity is determined in a court action, the clerk shall report the findings of the court to the state registrar on forms prescribed and furnished for that purpose. The reports shall be made no later than the fifteenth of the month following the date of the order.

REGISTRANT'S INFORMATION

Name of Child as it currently appears on the certificate of live birth *(Registrant)*

1a. Child's First Name:	1b. Child's Middle Name:	1c. Child's Last Name:
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2. Date of Birth (MM/DD/YYYY):	3. Hospital or place of Birth:
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4. City or Town of birth:	5. County of Birth:	6. State of Birth:
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CHECK ALL THAT APPLY

7. Changing Child's Name: Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Adding Father: Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Removing Father: Yes <input type="checkbox"/> No <input type="checkbox"/>
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CHILD'S NAME SHOULD READ

(Complete if changing child's name)

10a. Child's First Name:	10b. Child's Middle Name:	10c. Child's Surname (Last Name):
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MOTHER'S INFORMATION

11a. Mother's First Name:	11b. Mother's Middle Name:	11c. Mother's Last Name (prior to first marriage):	11d. Date of Birth (MM/DD/YYYY):
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FATHER'S NAME TO REMOVE

(If Applicable) Note: all information affiliated with this father will be removed.

12. Is there a father currently listed on the child's certificate of live birth: Yes <input type="checkbox"/> No <input type="checkbox"/>
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13a. Remove Father's First Name:	13b. Remove Father's Middle Name:	13c. Remove Father's Last Name:
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FATHER'S INFORMATION TO ADD

14a. Father's First Name:	14b. Father's Middle Name:	14c. Father's Last Name:	14d. Date of Birth (MM/DD/YYYY):	
15. Social Security Number:	16. Place of Birth (State):	17. Place of Birth (Country):	18. Level of Education:	19. Race:
20. Of Hispanic Origin: Yes <input type="checkbox"/> No <input type="checkbox"/>	21. If Hispanic, Specify (Cuban, Mexican, etc.):		22. Current Residence (Full Street Address, City, State, Zip):	

CERTIFICATE OF CLERK OF DISTRICT COURT

Court Order No. _____

I, Clerk of the District Court of _____ County, State of _____, do hereby certify that the above information was abstracted from proceedings in the matter of the paternity of the above named child which this paternity order was entered on the, _____ day of _____.

Date _____ Signature and Seal of Clerk _____

(District Court Clerk)

The Paternity Report shall be mailed to the State Registrar no later than the fifteenth (15th) of the month following the date of the order.

**Mail To:
Office of Vital Statistics
275 East Main Street, 1E-A
Frankfort, KY 40621**

