

# 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 form and fax to CPR @ 614-523-3679. ● Use a separate form for each child. ● We require *72 hours* from the date on the fax to return search results. ● Search results will be based upon the data provided *exactly* as it is on the form. ● Utilizing the electronic form filled version of this form is preferred, however *clearly printed* copies will be accepted.

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

Contact Phone Number: \_\_\_\_\_ Return Fax Number: \_\_\_\_\_

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

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

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

Additional Notes: