



HOW DO I FILE A COURT DETERMINATION OF PATERNITY?

If an Idaho court has determined paternity for a child born in the state of Idaho, this office requires a completed Idaho Court Certification of Court Determination of Paternity form that has been certified by the court clerk. The information for the child, mother, and father must be completed on the form prior to presenting it to the court. The bottom section of the form must be completed and certified by the court clerk in the county where paternity was determined. The form can be obtained by contacting our office at 208-334-5980 or IVRLA@dhw.idaho.gov, we will mail the form to you.

If a court of another State within the U.S. has determined paternity for a child born in the state of Idaho, this office requires a certified copy of the court order. A certified copy will contain the file date, the original court seal, and original court clerk's signature. The court order must identify the child by name and date of birth. The certified copy of the court order must be accompanied by a sworn statement of one and the same person signed in the presence of a notary public by a parent or legal guardian. This affidavit is included in this packet.

If a court of law has determined that the legal father (husband) or another man who is listed as the father is not the biological father of a child, we must receive a certified copy of the court order in order to remove the listed father's information from the birth certificate. The court order must identify the child by name and date of birth. Certified copies of court orders will contain the file date, an original court seal, and original court clerk's signature.

Provide a signed written request to process a court determination of paternity or non-paternity along with current identification of the person who signs the request. Your request will also need to provide the following information:

- Name of the child as it is currently listed on the birth certificate
- Child's date of birth
- Child's place of birth
- The mother's full maiden name and biological father's full name
- Your relationship to the person(s) named on the certificate
- Your return address
- Your daytime telephone number

There is a \$20.00 legal amendment fee to file a paternity action. The legal amendment fee does not include a certified copy of the certificate. Certified copies of the birth certificate are \$16.00 each. To request the legal action and order certificates, please complete the application included in this packet.

Requests for legal actions are worked in the order they are received. Our response time to your request could take several weeks depending on the volume of requests received.

The Idaho Bureau of Vital Records and Health Statistics does not have a public counter. Please mail your request to our post office box:

VITAL RECORDS
P.O. BOX 83720
BOISE, ID 83720-0036



IDAHO VITAL RECORDS LEGAL ACTION AND CERTIFICATE REQUEST FORM BIRTH

!THIS FORM SHOULD ONLY BE USED FOR REQUESTING A CHANGE TO A CERTIFICATE OR FILING A DELAYED RECORD!

WARNING: False application for a certified copy of a vital record is a felony punishable by Title 39, Chapter 2, **Idaho Code**.

APPLICANT INFORMATION - ITEMS IN RED* ARE REQUIRED					
<input type="checkbox"/> MAIL ORDER TO APPLICANT ADDRESS			<input type="checkbox"/> MAIL ORDER TO OTHER NAME/ADDRESS		
APPLICANT NAME - FIRST*	APPLICANT NAME - LAST*		MAIL TO NAME - FIRST	MAIL TO NAME - LAST	
APPLICANT STREET ADDRESS*			MAIL TO STREET ADDRESS		
APPLICANT CITY*	APPLICANT STATE*	APPLICANT ZIP CODE*	MAIL TO CITY	MAIL TO STATE	MAIL TO ZIP CODE
APPLICANT DAYTIME CONTACT PHONE NUMBER*			APPLICANT EMAIL ADDRESS*		

Sign this request. Include a copy of both sides of applicant's picture ID with your payment. (See page 2 for ID information)

APPLICANT SIGNATURE*:  _____

CERTIFICATE INFORMATION		
Number of ____ Certified Copies (computer generated)		Number of ____ Certified Photocopies (exact image)
DATE OF BIRTH	CITY OF BIRTH IN IDAHO	STATE OF BIRTH IDAHO
FIRST NAME ON CERTIFICATE	MIDDLE NAME ON CERTIFICATE	LAST NAME ON CERTIFICATE

<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER			
FIRST NAME	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

APPLICANT'S RELATIONSHIP TO THE PERSON NAMED ON THE CERTIFICATE (CHOOSE ONE)
DOCUMENTARY PROOF OF RELATIONSHIP MAY BE REQUIRED FOR THE FOLLOWING: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Current Spouse <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandchild <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent
DOCUMENTARY PROOF OF RELATIONSHIP WILL BE REQUIRED FOR THE FOLLOWING: - Include with order <input type="checkbox"/> Attorney <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Government Agency <input type="checkbox"/> Other (Specify):

CHANGE(S) TO THE CERTIFICATE AND ORDER TOTALS	
<input type="checkbox"/> Correction** - made within the first year (No Charge) <input type="checkbox"/> Correction** - made after the first year \$20.00	
see back of form to enter correction information <input type="checkbox"/> Exchange (Corrections only) \$5.00 each	
<input type="checkbox"/> Paternity \$20.00 <input type="checkbox"/> Adoption \$20.00 <input type="checkbox"/> Surrogacy \$20.00	Number of exchanges requested: _____
<input type="checkbox"/> Delayed Record Filing \$25.00 <input type="checkbox"/> Court Ordered Name Change \$20.00	\$
Total number of certificates ordered: _____ at \$16.00* each plus change(s) to certificate	\$
Need RUSH service? <input type="checkbox"/> YES if checked, enclose additional \$25.00* and write RUSH on envelope	\$
TOTAL AMOUNT DUE	\$

Mail completed form and payment to:
IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720-0036
For questions see our website or email IVRLA@dhw.idaho.gov



IDAHO VITAL RECORDS LEGAL ACTION AND CERTIFICATE REQUEST INFORMATION BIRTH

PLEASE READ THIS INFORMATION CAREFULLY. FAILURE TO DO SO COULD CAUSE A SIGNIFICANT DELAY IN PROCESSING.

A letter will be sent if the certificate you order cannot be located. The \$16.00 search fee will not be refunded per IDAPA 16.02.08 251 02.

Complete this request form and mail it to: IDAHO VITAL RECORDS, PO BOX 83720, BOISE, ID 83720. Remember to sign your request. Enclose the correct fees and a copy of *both sides* of your signed picture ID.

APPROVED IDENTIFICATION LIST

Current Government Issued Picture Identification with a Signature	OR Two Forms of CURRENT ID - One MUST have a Signature	OR
<ul style="list-style-type: none">• Driver's License• State ID card• Passport• Tribal ID card• Concealed Weapons Permit• Prison ID card	<ul style="list-style-type: none">• Social Security Card with signature• Work ID card with picture or signature• Auto registration with signature• Traffic ticket with signature• Court record with signature• College/School ID with picture• Matricula card with signature• Insurance record• Auto insurance• Driver Permit• Pay stub• Hunting/Fishing license• Passport card	<ul style="list-style-type: none">• Notarized signature on the request• Have an immediate family member (that has current ID from the approved list) request it for you (Please note: proof of relationship may be required)

CORRECTION INFORMATION			
	Description of Item on the Certificate	Incorrect Information (as currently shown on the certificate)	Corrected Information (how it should be shown on the certificate)
EXAMPLE	<i>Mother's Last Name at Birth</i>	<i>Smithe</i>	<i>Smith</i>
Item #1			
Item #2			
Item #3			
Item #4			
Item #5			

FOR CORRECTIONS ONLY:

You will be mailed additional information and forms to make the changes requested. A **\$20.00** fee will be charged for changes made more than one year after the event. Previously issued certificates may be exchanged for **\$5.00** each within 60 days of a completed correction.

CERTIFICATE FEES

\$16.00 for each certified copy or search for a vital record. A Certified Copy is computer generated and is valid for most legal purposes. A Certified Photocopy is an exact image of the record on file in our office, and is valid for most legal purposes.

LEGAL ACTION RUSH FEES

\$25.00 one-time charge to RUSH this order. Write **RUSH** on the outside of your envelope.

SHIPPING

There is no shipping charge for regular mail delivery via US mail. If you need faster shipping, include a self-addressed prepaid express envelope with your order. Certificates cannot be sent via email or fax.

PROCESSING TIMES

For current processing times, visit healthandwelfare.idaho.gov/vitalrecords. Most orders take 1-3 weeks to complete once received in our office. Most RUSH orders take 5-7 days once received in our office. **Current workload, staffing levels, missing or incomplete application information, or unresolved legal issues affecting certificates may impact actual processing times**

SPECIAL HANDLING FEE FOR APOSTILLE

If you want us to send your certificate and completed apostille application to the Idaho Secretary of State, please visit healthandwelfare.idaho.gov/vitalrecords or call 208-334-5980 for instructions **BEFORE** sending the **\$10.00** special handling fee.

Make your SIGNED check or money order payable to **Idaho Vital Records**. All Vital Records fees may be combined and paid with ONE check or money order. **Please check your total carefully! Overpayments of less than \$10.00 are not refunded unless requested in writing.**



AFFIDAVIT OF ONE AND THE SAME PERSON

APPLICANT INFORMATION		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
MAILING ADDRESS, INCLUDING APT NUMBER OR PO BOX, CITY, STATE, ZIP CODE:		
DAYTIME CONTACT PHONE NUMBER:		EMAIL ADDRESS:
REQUEST TYPE: <input type="checkbox"/> COURT DETERMINATION OF PATERNITY* <input type="checkbox"/> COURT ORDERED NAME CHANGE*	RELATIONSHIP TO REGISTRANT (CHILD): <input type="checkbox"/> SELF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN (Provide proof of relationship)	
*All affidavits must be submitted with a certified court order from a court of competent jurisdiction.		
COURT ORDER #: (LOCATED ON FRONT PAGE OF ORDER)		STATE OR TRIBAL COURT ISSUING ORDER:

REGISTRANT (CHILD) INFORMATION		
FIRST NAME ON THE BIRTH CERTIFICATE:	MIDDLE NAME ON THE BIRTH CERTIFICATE:	LAST NAME ON THE BIRTH CERTIFICATE:
DATE OF BIRTH:		CITY OF BIRTH IN IDAHO:
FIRST NAME INDICATED IN COURT ORDER:	MIDDLE NAME INDICATED IN COURT ORDER:	LAST NAME INDICATED IN COURT ORDER:
MOTHER'S FIRST NAME:	MOTHER'S MIDDLE NAME:	MOTHER'S LAST NAME BEFORE FIRST MARRIAGE:
FATHER'S FIRST NAME:	FATHER'S MIDDLE NAME:	FATHER'S LAST NAME:
FATHER'S DATE OF BIRTH:		FATHER'S STATE OR COUNTRY OF BIRTH:

NOTARIZATION		
I affirm the information on this affidavit is true and correct and that the registrant referred to in the attached court order is one and the same person. I further request the birth certificate be amended to reflect the order issued by the court.		
APPLICANT'S PRINTED NAME:		DATE SIGNED:
APPLICANT SIGNATURE:		
Subscribed and sworn before me this _____ day of _____, 20____		
STATE OF:		(seal)
COUNTY OF:		
Notary Public:		
My Commission expires:		
Residing at:		