Mother's Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Representing Self

Father's Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner's Name: _____

[ ] Mother [ ] Father
Maiden Name: _____
Birthdate: _____
Birthplace (City, State, Country):
_____

Respondent's Name:
_____

[ ] Mother [ ] Father
Maiden Name: _____
Birthdate: _____
Birthplace (City, State, Country):
_____

Case Number: DO_____

ORDER OF PATERNITY

The mother named above is the natural mother of the following children. She was unmarried when each child was born and for the ten months before each birth.

Child's Full Name on Birth Certificate	Birthdate	Place of Birth (City, County, State)

IT IS ORDERED based on the Request filed that the father named above is the natural father of the children listed above.

The name of each child listed below is changed as follows.

Change Child's Name From:	To:
_____	_____
_____	_____
_____	_____
_____	_____

If any child named above was born in Arizona, the Clerk of Court shall send a copy of this Order to the Office of Vital Records, Department of Health Services, which shall establish a new birth certificate for each child, to include the father named above (A.R.S. 36-326(A)(3)).

If any of the children's birth certificates list the name of a father other than Father, that name shall be changed as follows:

Child's Name	Change This Father's Name:	To This Father's Name:
_____	_____	_____
_____	_____	_____
_____	_____	_____

This Order is a judgment of the Superior Court. Pursuant to A.R.S. 25-803(D), the parent with whom the child has resided for the greater part of the last six months has legal custody of the child unless otherwise ordered by the Court. Pursuant to A.R.S. 25-501, this Order of Paternity imposes a duty of support and also provides a basis for determining issues related to custody and visitation and affords the parents all rights and responsibilities provided by Arizona law (A.R.S. 25-803(C)).

Leave the rest of the form blank. This is for the court to fill in.

Date: _____ Clerk of the Court: _____

FOR COURT USE ONLY:
Copy mailed this date _____ to:
[ ] Corrections Unit, Office of Vital Records [ ] IV-D Agency