

CHILD'S INFORMATION

Name: Baby Allen Buck  
(First) (Middle) (Last) (Suffix, if applicable (i.e. Jr/Sr))

Date of Birth: 07/31/2021 Place of Birth: Columbus Ohio Franklin  
(Mo/Day/Year) (City) (State) (County)

Current Residence: 30 East Broad Street Columbus Ohio 43215  
(Full Street Address) (City) (State) (Zip)

If a birth certificate for the child has already been filed, do you now wish to change the child's name? ☐ YES ☐ NO

If "YES", give the child's new name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix, if applicable (i.e. Jr/Sr))

MOTHER'S AFFIRMATION  
(Name at the time of child's birth)

Name: Jane Alicia Doe Maiden Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: 30 East Broad Street Columbus Ohio 43215  
(Full Street Address) (City) (State) (Zip)

Date of Birth: 5/25/1989 Social Security Number: 123-45-6789  
(Mo/Day/Year) (If you do not have a SSN enter N/A)

You are required to provide your social security number in accordance with federal law at 42 USC 666, your social security number will be used for child support purposes only.

SIGNATURE AND NOTARIZATION

State of Ohio, County of Franklin, ss. I state under oath or by affirmation that I have read or had read to me all information on both sides of this form; that the information I have supplied for this form is true to the best of my knowledge and belief; that I have received information regarding my legal rights and responsibilities; and that I am the natural mother of the child named on this form and I assume the parental duty of support of the child.

Jane Doe  
Signature of the Mother (Please read page one (1) before signing your name) (SEAL)

Before me appeared the above named person (mother) who signed this affidavit under oath or by affirmation on this 31st day of July, in the year 2021.

John J. Notary 1/31/2026  
Signature of Notary Public Expiration of Commission

FATHER'S AFFIRMATION

Name: John Allen Buck  
(First) (Middle) (Last) (Suffix, if applicable (i.e. Jr/Sr))

Address: 30 East Broad Street Columbus Ohio 43215  
(Full Street Address) (City) (State) (Zip)

State or: Ohio  
Country of Birth

Date of Birth: 2/23/1989 Social Security Number: 123-45-6789  
(Mo/Day/Year) (If you do not have a SSN enter N/A)

You are required to provide your social security number in accordance with federal law at 42 USC 666, your social security number will be used for child support purposes only.

SIGNATURE AND NOTARIZATION

State of Ohio, County of Franklin, ss. I state under oath or by affirmation that I have read or had read to me all information on both sides of this form; that the information I have supplied for this form is true to the best of my knowledge and belief; that I have received information regarding my legal rights and responsibilities; that I consent to the jurisdiction of the courts of this state; and that I am the natural father of the child named on this form and I assume the parental duty of support of the child.

John Buck Signature of  
the Father (Please read page one (1) before signing your name) (SEAL)

Before me appeared the above named person (father) who signed this affidavit under oath or by affirmation on this 31st day of July, in the year 2021.

John J. Notary 1/31/2026  
Signature of Notary Public Expiration of Commission

EBC #	CSEA #	Registrar #	CPR #	ODH File #
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