

**IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS AND JUVENILE BRANCH**

In the matter of: \_\_\_\_\_

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner

Judge \_\_\_\_\_

vs.

Magistrate \_\_\_\_\_

\_\_\_\_\_  
Defendant/Petitioner

**Instructions:** This affidavit is required in any custody proceeding when the child was born as a result of non-spousal artificial insemination.

**NON-SPOUSAL ARTIFICIAL INSEMINATION AFFIDAVIT**

**I. PERSONAL INFORMATION**

<b>Name</b>		<b>D.O.B.</b>	
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**II. CHILD S INFORMATION**

<b>a. Child's Name</b>	<b>Child's D.O.B</b>
<b>b. Child's Name</b>	<b>Child's D.O.B</b>
<b>c. Child's Name</b>	<b>Child's D.O.B</b>

**III. NON SPOUSAL ARTIFICIAL INSEMINATION AFFIDAVIT**

1. I gave birth to the above named child(ren), who was/were conceived as a result of non-spousal artificial insemination.
2. The non-spousal artificial insemination was either performed by a physician or a person under the supervision and control of a physician. **Name of Physician:** \_\_\_\_\_
3. All applicable provisions of ORC 3111.88 through ORC 3111.96 regarding non-spousal artificial insemination were followed. Donor # is: \_\_\_\_\_
4. Please check which applies:  
 I am not a married woman as contemplated by ORC 3111.95(A); or  
 I am not married to a man as implied by the language of R.C. 3111.95(A); therefore, there is no legal or natural "father" of my child.
5. I declare that the foregoing is true and correct:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

State of Ohio )  
) ss:  
County of \_\_\_\_\_)

Subscribed, sworn to, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public