

CPR USE ONLY:
DATE RECEIVED: _____
DOCUMENTS: _____

HOSPITAL TRANSMITTAL LOG

Paternity Enhancement Program/ Central Paternity Registry

Hospital Name: _____

Contact Name: _____

Hospital Code #: _____

Total # Affidavits Enclosed: _____

<i>Child's Name</i>	<i>Child's DOB</i>
1.	
2.	
3.	
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14.	
15.	

Please include a transmittal log each time you forward Acknowledgment of Paternity Affidavits to the Paternity Enhancement Program Office, Central Paternity Registry,

123 Street Name St., Columbus, OH 43000. This will enable us to credit your institution properly. A computer printout or other listing may be substituted for this form, provided it contains the required information. Thank you.