

Recorded District _____
Hospital Code (PFI Number) _____
Register Number _____

### ACKNOWLEDGMENT OF PATERNITY

(Please type or print clearly in blue or black ink.)

Check where signed:  Hospital  Child Support Office  Birth Registrar  Other

<b>CHILD</b>	First name		Middle name	
	Last name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (MMDDYYYY) / /
	Facility of birth		City of birth	County of birth
	<i>If the child's birth certificate was already filed and you wish to change the child's last name, complete the following section:</i>			
	Last name on original birth certificate		New last name	

*We understand that signing this Acknowledgment of Paternity is voluntary and will establish paternity of our child and have the same force and effect as an order of filiation determining paternity and entered after a court hearing including an obligation to provide support for our child. Except that only if this Acknowledgment of Paternity is filed with the Registrar where the birth certificate is filed will the Acknowledgment of Paternity have such force and effect with respect to inheritance rights. We have received written and oral notice of our legal rights (including the timeframes to withdraw), responsibilities, alternatives and the consequences of signing the Acknowledgment of Paternity, and we understand what the notice states. A copy of the written notice has been provided to us. We certify that the information we provide below is true.*

<b>FATHER</b>	First name		Middle name		Last name		
	Street address (house/apt. number)						
	City			State		Zip	
	Place of birth	City		State		Country	
	Date of birth (MMDDYYYY) / /			Social Security number - - -			
	<i>I hereby acknowledge that I am the biological father of the child named above.</i>						
	Signature				Date (MMDDYYYY) / /		
	WITNESS SECTION (Witness cannot be related to mother or father.)	Witness Signature		Print Name		Date (MMDDYYYY) / /	
		Witness Signature		Print Name		Date (MMDDYYYY) / /	

<b>MOTHER</b>	First name		Middle name		Last name		
	Maiden name (last name only)						
	Street address (house/apt. number)						
	City			State		Zip	
	Place of birth	City		State		Country	
	Date of birth (MMDDYYYY) / /			Social Security number - - -			
	<i>I hereby consent to the Acknowledgment of Paternity for my child named above, and acknowledge that the man named above is the only possible father of my child who was born to me. I state that I was not married at any time during the pregnancy or when the child was born OR, I state that I have subsequently married the child's biological father.</i>						
	Signature				Date (MMDDYYYY) / /		
	WITNESS SECTION (Witness cannot be related to mother or father.)	Witness Signature		Print Name		Date (MMDDYYYY) / /	
		Witness Signature		Print Name		Date (MMDDYYYY) / /	

*For Official Use Only*

The above Acknowledgment of Paternity is hereby filed with the \_\_\_\_\_ registrar on \_\_\_\_/\_\_\_\_/\_\_\_\_.

If this document is to amend a birth certificate, I certify that I have examined the original record this seeks to amend and the information on this document matches. There are no omissions or apparent errors that render it unacceptable for amending the birth record. This document is therefore approved.

\_\_\_\_\_  
 State Registrar/Deputy City Registrar Signature

\_\_\_\_\_  
 MM/DD/YYYY

**FATHER**

Name _____
Address _____ Apt. _____
City _____ State _____ Zip _____

Mailing address of father must be printed here.

*(Fold Here)*

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*(Fold Here)*

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**MOTHER**

Name _____
Address _____ Apt. _____
City _____ State _____ Zip _____

Mailing address of mother must be printed here.