

Supplemental Report of Given Name

FOR OFFICE USE ONLY	
Receipt No.	_____
Register No.	_____
Recorded District No.	_____
State No.	_____
Year	_____

Please Print or Type

Surname of Child		Sex of Child	Place of Birth	
Child's Date of Birth		Mother's Maiden Name		
		First	Middle	Last
Twin, Triplet or Other?	Number in order of Birth	Father's Name		
(To be answered only in event of plural births.)		First	Middle	Last
I hereby certify that the child described herein has been named				
		First	Middle	
Sworn to Before me This				
_____ Day of _____, _____		Signed _____		
_____ (Notary Public)				
Present Mailing Address				
Name _____				
Address _____				
City _____		State _____	Zip Code _____	

INSTRUCTIONS

- PURPOSE:** This form may be used only to add the given name to a birth certificate if the given name was omitted at the time the birth certificate was originally filed. This form may not be used to correct errors. For correction of errors, please request the appropriate form from the New York State Department of Health or your local Registrar of Vital Statistics.
- SIGNATURE:** This form must be completed and signed by:
The Individual - If 18 years of age or older. -- OR -- A Parent - If the child is a minor (under age 18).
- COPY:** If you want a certified copy of the birth certificate after the given names have been added, please enclose a \$30.00 check or money order, payable to the New York State Department of Health.
- RETURN TO:** Vital Records Section
Correction Unit
P.O. Box 2602
Albany, NY 12220-2602

FOR REGISTRAR OF VITAL STATISTICS

My signature on this form indicates that the local record has been amended.

Registrar

Date

**STATE OF NEW YORK
DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

DISTRICT # _____
REGISTER # _____
STATE FILE # _____

Medical/Burial Death Correction Report

Name of Deceased		Date of Death MONTH DAY YEAR		Place of Death	
DISPOSITION	20A. <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> HOLD <input type="checkbox"/> DONATION <input type="checkbox"/> ANATOMICAL GIFT		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION:		20C. LOCATION; (City or town and state)
	21A. NAME AND ADDRESS OF FUNERAL HOME:				21B. REGISTRATION NUMBER:
	22A. NAME OF FUNERAL DIRECTOR:		22B. SIGNATURE OF FUNERAL DIRECTOR:		22C. REGISTRATION NUMBER:
	23A. SIGNATURE OF REGISTRAR:		23B. DATE FILED: MONTH DAY YEAR		24A. BURIAL OR REMOVAL PERMIT ISSUED BY:
CERTIFIER	25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.				
	Certifier's Name:		License No.:		Signature:
	Certifier's Title: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner		Address:		
	25B. If coroner is not a physician, enter Coroner's Physician's name & title:		License No.:		Signature:
	25C. If certifier is not attending physician, enter Attending Physician's name & title:		License No.:		Address:
	26A. Attending physician attended deceased: FROM MONTH DAY YEAR TO MONTH DAY YEAR		26B. Deceased last seen alive by attending physician: MONTH DAY YEAR		26C. Pronounced Dead by M.E. or Coroner: ON MONTH DAY YEAR AT TIME M
27. MANNER OF DEATH: NATURAL CAUSE <input type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input type="checkbox"/> 6		28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES		29A. AUTOPSY? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1 REFUSED <input type="checkbox"/> 2	
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1		CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL			
CAUSE OF DEATH	30. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. IMMEDIATE CAUSE:				
	(A)				
	DUE TO OR AS A CONSEQUENCE OF:				
	(B)				
	DUE TO OR AS A CONSEQUENCE OF:				
(C)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I-A:				DID TOBACCO USE CONTRIBUTE TO DEATH? 0 <input type="checkbox"/> NO 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> PROBABLY 3 <input type="checkbox"/> UNKNOWN	
31A. IF INJURY, DATE: MONTH DAY YEAR HOUR:		31B. INJURY LOCALITY: (City or town and county and state)		31C. DESCRIBE HOW INJURY OCCURRED:	
31D. PLACE OF INJURY:		31E. INJURY AT WORK? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1			
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (specify)		32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> 0 YES <input type="checkbox"/> 1		33A. IF FEMALE: 0 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 3 <input type="checkbox"/> Not pregnant, but pregnant 48 days to 1 year before death 4 <input type="checkbox"/> Unknown if pregnant within past year	
				33B. DATE OF DELIVERY: MONTH DAY YEAR	

Affirmation to be completed by Funeral Director (Item 20A-24B) or Certifying Physician (Item 25A-33B):

I affirm under penalties for perjury that the information given in the facts file of the certificate of death for the deceased person identified above is true and correct information to be added to the original certificate of death and the local registrar's record.

Signature	Title or Relationship to Deceased	Date
-----------	-----------------------------------	------

To be completed by registrar of vital statistics:

The above information has been added to the local record of death on file in this office.

Registrar's Signature	District Number	Date
-----------------------	-----------------	------

**NEW YORK STATE
DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

APPLICATION FOR CORRECTION OF CERTIFICATE OF BIRTH

**RE: INFANT -
DATE OF BIRTH -
PLACE OF BIRTH -
FATHER'S NAME -
MOTHER'S NAME -**

**DISTRICT NUMBER -
REGISTER NUMBER -
BIRTH NUMBER -**

Please correct the certificate of birth identified above, as follows:

ITEM IN ERROR (Or Omitted)	AS IT APPEARS	AS IT SHOULD BE

Documentary evidence submitted herewith in support of this application includes:

EXPLAIN REASON FOR ERROR OR OMISSION:

To be completed by applicant:

Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT	RELATIONSHIP TO INFANT	DATE
ADDRESS		

To be completed by registrar of vital statistics:

The above information has been added to the local record of birth on file in this office.

SIGNATURE OF REGISTRAR	DISTRICT NUMBER	DATE
-------------------------------	------------------------	-------------

INSTRUCTIONS

TO PERSON REQUESTING CORRECTION --

Neither the State Department of Health nor the local registrar of vital statistics has the authority to alter or change information on a certificate as filed, except to correct errors or to add information that was not available at the time the certificate was filed, unless directed to do so in an order from a court of competent jurisdiction. If an error was made at the time the original certificate was completed, this form should be completed by the physician or other attendant at birth who signed the certificate. In the event the physician or other attendant at birth is not available, then the parents or individual if 18 years of age or over may complete the form but must submit satisfactory documentary evidence to support the correct information. The documentary evidence must be a record made near the date of birth, such as a hospital record, church or synagogue record, school record, state or federal census record, etc. For expedited service, return this form to the local registrar where the birth occurred. Or send to: Correction Unit, Vital Records Section, P.O. Box 2602, Albany, NY 12220-2602.

THIS FORM MAY NOT BE USED TO CHANGE NAMES.

OTHER FORMS --

- DOH-3645 --** Used by parents to add a given name of child to a birth certificate.
- DOH-2739 --** Used by putative father who wishes to consent to having his name on the certificate of birth of a child born to an unwed mother.
- DOH-1927 --** Used by previously unwed parents who marry after birth of child who wish to add natural father's name to a birth certificate. Certified copy of marriage record also required.

CHANGE OF INFORMATION --

A certified copy of the court order must be presented to the State Department of Health to change information on a birth certificate in matters relating to:

- 1) Adoption
- 2) Determination of parentage
- 3) Change of name
- 4) Change of fictitious names

TO REGISTRAR OF VITAL STATISTICS --

If this form is returned to you satisfactorily completed and the documentary evidence, if required, is from some authoritative source and supports the information to be corrected or added to the local record and the original certificate, enter the information in the local record and issue copies thereof immediately. Sign the bottom of the form and send it to the State Department of Health immediately, along with the documentary evidence so that the original certificate may also be amended. If you wish to have the correction form and evidence offered reviewed before you amend the local record and issue copies thereof, send it to the State Department of Health but do not sign your name on the bottom of this form. In this case you will be notified by the State Department of Health as to whether or not the original certificate and your local record should be amended.

Application for Correction of Certificate of Death

See Reverse Side for Instructions

Deceased	District Number
Date of Death	Register Number
Place of Death	State Number

I, _____ of _____
(name of applicant)

_____ (address of applicant)

request that the following information amend the certificate of death identified above:

ITEM IN ERROR (or omitted)	AS IT APPEARS	AS IT SHOULD BE

Documentary evidence submitted herewith in support of this application includes:

Explain reason for error or omission:

TO BE COMPLETED BY THE APPLICANT		
Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.		
_____ Signature of Applicant	_____ Relationship to Deceased	_____ Date

TO BE COMPLETED BY REGISTRAR OF VITAL STATISTICS		
The above information has been added to the local record of death on file in this office.		
_____ Signature of Registrar	_____ District Number	_____ Date

General Information and Application For Genealogical Services

VITAL RECORDS COPIES CANNOT BE PROVIDED FOR COMMERCIAL PURPOSES.

1. FEE - \$22.00 includes search and uncertified copy or notification of no record.
2. Original records of births and marriages for the entire state begin with 1881, deaths begin with 1880, EXCEPT for records filed in Albany, Buffalo and Yonkers prior to 1914. Applications for these cities should be made directly to the local office.
3. The New York State Department of Health does not have New York City records except for births occurring in Queens and Richmond counties for the years 1881 through 1897.
4. Please read the Administrative Rule Summary on the reverse side of this sheet which specifies years available for genealogical research.

To insure a complete search, provide as much information as possible.
 Please complete for type of record requested, birth, death OR marriage.

Birth	Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____	Birth	Name at Birth _____ Date of Birth _____ Place of Birth _____ Father's Name _____ Mother's Maiden Name _____
Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or License _____	Marriage	Name of Bride _____ Name of Groom _____ Date of Marriage _____ Place of Marriage and/or License _____
Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____	Death	Name at Death _____ Date of Death _____ Age at Death _____ Place of Death _____ Names of Parents _____ Name of Spouse _____

For what purpose is information required? _____

What is your relationship to person whose record is requested? _____

In what capacity are you acting? _____

SIGNATURE OF APPLICANT _____ DATE _____

ADDRESS _____

Send record to: (please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

If requesting birth and marriage records, please sign the following statement:
 To the best of my knowledge, the person(s) named in the application are deceased.

 SIGNATURE OF APPLICANT

Health Commissioner's Administrative Rules and Regulations Summary

1. Genealogical Research

Uncertified copies or abstracts from records of birth, death, and marriage may be provided for genealogical research purposes subject to the restrictions specified in this summary. All requests must be submitted in writing and include payment of the applicable statutory fee. The applicant shall be required to pay the specified fee for the time spent for the search and uncertified copy of notification of no record.

2. Who is authorized to do the searching?

Record searches shall be conducted only by the following persons in the files maintained by their respective agencies:

- a. authorized employees of the State Department of Health;
- b. a local registrar, deputy registrar, or an authorized employee of the registrar;
- c. a town or city clerk, deputy clerk, or an authorized employee of the town or city clerk.

3. What records are available?

- a. No information shall be released from a record of birth which has been placed in a confidential file pursuant to Public Health Law Section 4138.
- b. No information shall be released from a record of birth unless the record has been on file for at least 75 years and the person to whom the record relates is known to the applicant to be deceased.
- c. No information shall be released from a record of death unless the record has been on file for at least 50 years.
- d. No information shall be released from a record of marriage unless the record has been on file for at least 50 years and the parties to the marriage are known to the applicant to be deceased.
- e. The time periods specified in (3B), (3C), and (3D) are waived if the applicant is a descendant or has been designated to act on behalf of a descendant of the person whose record is being requested. A descendant is a person in the direct line of descent. The applicant shall provide documentation of descendancy prior to the release of information in those instances where a waiver of the waiting period is requested. A party acting on behalf of a descendant shall further provide documentation that the descendant authorized the party to make such application.
- f. All uncertified copies, abstracts, or information issued for genealogical research purposes shall be clearly marked with the statement "For Genealogical Purposes Only."

4. Genealogy Fee Schedule

Fee schedule per one spelling of name. Fee varies depending on requested number of years to be searched. Unused fees will be refunded.

1-3 years	\$22.00	31-40 years	\$102.00
4-10 years	\$42.00	41-50 years	\$122.00
11-20 years	\$62.00	51-60 years	\$142.00
21-30 years	\$82.00	61-70 years	\$162.00

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Name</td> </tr> </table>	First	Middle	Last	Name			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Date of Birth</td> <td style="width: 10%; text-align: center;"> </td> </tr> <tr> <td colspan="8" style="text-align: center; padding: 5px;">M M D D Y Y Y Y</td> </tr> </table>	Date of Birth								M M D D Y Y Y Y							
First	Middle	Last																					
Name																							
Date of Birth																							
M M D D Y Y Y Y																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Place of Birth <small>Hospital (If not hospital, give street & number)</small></td> <td style="width: 30%; padding: 5px;">(Village, Town or City)</td> <td style="width: 20%; padding: 5px;">County</td> </tr> </table>	Place of Birth <small>Hospital (If not hospital, give street & number)</small>	(Village, Town or City)	County																				
Place of Birth <small>Hospital (If not hospital, give street & number)</small>	(Village, Town or City)	County																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Father</td> </tr> </table>	First	Middle	Last	Father			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Maiden Name of Mother</td> </tr> </table>	First	Middle	Last	Maiden Name of Mother												
First	Middle	Last																					
Father																							
First	Middle	Last																					
Maiden Name of Mother																							

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
----------------------------	--------------------------	---------------------------------------

Purpose for Which Record is Required (Check One)	<input type="checkbox"/> Passport	<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Retirement	<input type="checkbox"/> Employment	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Working Papers	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Welfare Assistance	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Court Proceeding	<input type="checkbox"/> Entrance into Armed Forces
--	-----------------------------------	---	--	-------------------------------------	-------------------------------------	--	---	--	---	---	---	---	---	---

APPLICANT INFORMATION

NAME <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">FIRST</td> <td style="width: 33%; text-align: center;">MIDDLE</td> <td style="width: 33%; text-align: center;">LAST</td> </tr> </table> What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ Telephone No. (____) _____-_____ Social Security No. _____-_____-_____ Signature of Applicant _____ Date _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> <td style="width: 33%; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> <td style="text-align: center;">YY</td> </tr> </table> Address of Applicant Street _____ City _____ State _____ Zip Code _____	FIRST	MIDDLE	LAST				MM	DD	YY	If attorney, give name and relationship of your client to person whose record is required <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 30px;"></td> <td style="width: 40%; height: 30px;"></td> </tr> <tr> <td style="text-align: center;">(name of client)</td> <td style="text-align: center;">(relationship)</td> </tr> </table> <div style="background-color: #e0e0e0; padding: 5px;"> <p style="text-align: center; margin: 0;">FOR REGISTRAR'S USE ONLY</p> <p style="font-size: small; margin: 0;">(Photocopy ID and attach to application form)</p> <p>TYPE OF ID</p> <input type="checkbox"/> Driver's License State _____ No. _____ <input type="checkbox"/> Other ID, specify _____ No. _____ </div>			(name of client)	(relationship)
FIRST	MIDDLE	LAST												
MM	DD	YY												
(name of client)	(relationship)													

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name of Deceased First Middle Last			Date of Death or Period to be Covered by Search		
Name of Father of Deceased First Middle Last			Social Security Number of Deceased		
Maiden Name of Mother of Deceased First Middle Last			Date of Birth of Deceased Month Day Year		Age at Death
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____				Date _____	
Address of Applicant _____					

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988

_____ Number of copies requested with confidential cause of death
_____ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____
Address _____
City _____ State _____ Zip Code _____

NOTICE REGARDING YOUR LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING AN ACKNOWLEDGMENT OF PATERNITY

This notice is to help you decide whether or not you wish to sign an Acknowledgment of Paternity. An Acknowledgment provides you with a way to legally establish paternity for your child. New York Law says that you must receive oral and written notice of your legal rights and the consequences of signing an Acknowledgment of Paternity. Before signing an Acknowledgment of Paternity, PLEASE READ the following information.

WHAT YOU SHOULD CONSIDER BEFORE SIGNING AN ACKNOWLEDGMENT OF PATERNITY:

YOU MAY NOT SIGN AN ACKNOWLEDGMENT OF PATERNITY IF:

- **The mother was married at any time** during the pregnancy or when the child was born because her husband (or former husband) is considered the legal father of the child unless a court determines otherwise; or
- **The mother is unmarried and more than one man** could be the father of the child; or
- **The child is not yet born.** You may only sign an Acknowledgment of Paternity **after** the birth of the child.

You may wish to speak to a lawyer before signing an Acknowledgment of Paternity. You have a right to seek legal representation and supportive services including counseling. Hospital staff are prepared to speak to you about questions you may have regarding establishing paternity. Hospital staff will also provide you with the telephone number of the support collection unit to answer questions you may have regarding the Acknowledgment of Paternity or establishing paternity.

WHAT IT MEANS IF YOU SIGN AN ACKNOWLEDGMENT OF PATERNITY:

An Acknowledgment of Paternity signed by both the mother and the father will legally establish who the child's father is. An Acknowledgment of Paternity will have the same force and effect as a court order establishing paternity for the child. It will eliminate the need to have a family court hearing to decide who the child's father is and will establish the duty of both parents to provide support for the child which may be retroactive to the birth of the child.

When a man signs an Acknowledgment of Paternity, he waives his right to a court hearing to determine if he is the father of the child.

Signing an Acknowledgment of Paternity may be the basis for the father to establish custody and visitation rights to the child, and may also be the basis for requiring his consent prior to an adoption proceeding.

When an Acknowledgment of Paternity is filed with the birth registrar in the district where the birth certificate is filed it will establish the child's right to inheritance from the father. Filing the Acknowledgment with the Putative Father Registry may establish the child's right to inheritance from the father. The Putative Father Registry is the state registry which maintains a record of the name and address of persons who acknowledge paternity or who have been determined by a court to be the father of a child born out of wedlock. The Putative Father Registry may only release the name and address of such persons upon request to a court or authorized agency or to another person but only by order of a court.

The child may have the last name of either parent, a combination of last names, or any other last name the parents agree on. The choice of name will not affect the legal status of the child. Please indicate on the Acknowledgment of Paternity the child's full name as it appears on the birth certificate. If the birth certificate was already filed and you wish to change the child's name enter both the name as it appears on the birth certificate and the new name.

Either parent has a right to ask the court to cancel the Acknowledgment of Paternity by filing a petition with the family court. The request must be made within the earlier of 60 days from the date of signing an Acknowledgment of Paternity or the date of an administrative or judicial proceeding (including a proceeding to establish a support order) relating to the child in which either parent is a party. The "date of an administrative or judicial proceeding" is the date by which the party is required to answer the petition. When more than 60 days have passed since the signing of an Acknowledgment of Paternity, either parent may only challenge the Acknowledgment of Paternity in court on the basis of fraud, duress, or material mistake of fact, with the burden of proof on the party challenging an Acknowledgment of Paternity.

WHAT IT MEANS IF YOU DO NOT SIGN AN ACKNOWLEDGMENT OF PATERNITY:

If an Acknowledgment of Paternity is not signed by both parents, the man will not have a duty to support the child unless an order is made after a hearing in family court establishing him as the father of the child. If the court declares the man to be the father of the child, the court may make an order of support which may be retroactive to the birth of the child.

If you are named as the father of a child in a court hearing to establish paternity, you have a right to free legal representation if the court determines you are unable to pay for legal representation. You also have a right to genetic marker tests or to DNA tests, which will help the court determine if you are the child's father.

If you refuse to sign an Acknowledgment of Paternity, your refusal **cannot** be considered to be a failure to cooperate in establishing paternity for the child if you apply for or receive public assistance for the child.

The father's name **cannot** appear on the child's birth certificate **unless both parents sign** an Acknowledgment of Paternity or unless a court determines paternity.

WHAT NEEDS TO BE DONE WITH THE ACKNOWLEDGMENT OF PATERNITY AFTER YOU SIGN IT:

If you sign an Acknowledgment of Paternity at a hospital or a social services agency, the original **will be filed for you** with the registrar of the district in which the birth occurred and in which the birth certificate has been filed. The Acknowledgment of Paternity also will be filed with the Putative Father Registry.

If you are signing an Acknowledgment of Paternity without assistance from the hospital or social services agency, **you must file** the original with the registrar of the district in which the birth certificate has been filed. The registrar will file a copy with the Putative Father Registry.

IMPORTANT:

- By signing the Acknowledgment of Paternity before two witnesses who are not related to you, you are stating that you have received oral and written notice regarding your legal rights and the consequences that result from signing an Acknowledgment of Paternity, and that a copy of this notice has been provided to you.
- If you have any doubts about the child's paternity, after reading this notice and having received oral notice, **do not** sign an Acknowledgment of Paternity.
- If you wish to sign an Acknowledgment of Paternity, after reading this notice and having received oral notice, please complete the Acknowledgment of Paternity on Page 4 of this form.

If you have questions regarding the Acknowledgment of Paternity or establishing paternity for your child, you may contact the Support Collection Unit located within your county Department of Social Services.

Questions regarding this form as it relates to the birth certificate process should be directed to the local birth registrar where the Acknowledgment of Paternity has been or will be filed.

If you wish to sign the Acknowledgment of Paternity, please complete the Acknowledgment of Paternity on page 4.

(For Official Use Only)

Hospital Code: _____ (4 DIGIT PFI No.)
 Local district birth number: _____
 Local register number: _____

ACKNOWLEDGMENT OF PATERNITY

(Please Type or Print with black Ink)

INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:
 HOSPITAL CHILD SUPPORT OFFICE BIRTH REGISTRAR OTHER _____

INFORMATION ABOUT THE CHILD FOR WHOM THE ACKNOWLEDGMENT OF PATERNITY IS SIGNED:

PRINT CHILD'S FULL NAME AS IT NOW APPEARS ON THE BIRTH CERTIFICATE: _____ PRINT CHILD'S NAME AS IT WILL APPEAR ON NEW BIRTH CERTIFICATE: _____
 (First) (Middle.) (Last) (First) (Middle.) (Last)

PLACE OF BIRTH: *(Name and Address of Hospital where child was born):* _____

DATE OF BIRTH			SEX
MONTH	DAY	YEAR	
			<input type="checkbox"/> FEMALE
			<input type="checkbox"/> MALE

ACKNOWLEDGMENT OF PATERNITY BY FATHER:

I, _____, residing at _____
 First Middle Last Name House/Apt. Number and Street
 In the City of _____, State of _____, Zip Code _____
 my place of birth, *(City, State, Or Foreign Country)* _____, my date of birth ____/____/____
 Month Day Year
 Social Security Number: _____, hereby acknowledge that I am the biological father of the child named above.

I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

SIGNATURE: _____ Date ____/____/____
 Month Day Year
 The above named _____, signed and affirmed before us this ____ day of _____, that the information contained herein is true.

 First Witness Second Witness
(Witnessed by two people not related to the mother or father.)

ACKNOWLEDGMENT OF PATERNITY BY MOTHER:

I, _____, residing at _____
 First Middle Last Name House/Apt. Number and Street
 In the City of _____, State of _____, Zip Code _____
 my place of birth, *(City, State, Or Foreign Country)* _____, my date of birth ____/____/____
 Month Day Year
 Social Security Number: _____, 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 was not married when the child was born or at any time during the pregnancy but I have subsequently married the child's biological father.

I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

I am currently in receipt of public assistance and/or child support services from a social services district in New York state.

NO YES If "Yes", identify the county and address of the social services district, if known: _____

SIGNATURE: _____ Date ____/____/____
 Month Day Year
 My maiden name is *(Last name only):* _____

The above named _____, signed and affirmed before us this ____ day of _____, that the information contained herein is true.

 First Witness Second Witness
(Witnessed by two people not related to the mother or father.)

IMPORTANT NOTICE: This form must be completed and filed with the registrar of the district in which the birth occurred and in which birth certificate has been or will be filed.

(For Official Use Only)

The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the registrar of _____
 on _____ (Date) Registrar _____