



AFFIDAVIT ACKNOWLEDGING PATERNITY

NOTICE OF ALTERNATIVES, RIGHTS AND RESPONSIBILITIES

This is a legal document. Following are the alternatives to completing this form and your legal rights and responsibilities. Before you complete this Affidavit, **you must receive oral (spoken) notice of the below information. If you are completing this Affidavit in the hospital when your child is born, you may receive oral notice from hospital staff. If you are completing this Affidavit after the birth certificate has been filed, you may receive oral notice from the agency that gave you the form. If you have not received oral notice when you are ready to complete the Affidavit, you must call (toll free) 1-888-677-2083 to receive oral notice.**

- When both parents properly complete and sign this Affidavit, **the man's name is added to the child's birth certificate, and the man becomes the legal father of the child.** This Affidavit has the same effect as a court order establishing paternity and can be used as a basis for entering a child support order.
- If either of you is not sure that this man is the biological father of this child, you should not sign this form. You should have a genetic test. If the test shows at least a 98 percent probability that the man is the father, then Missouri law says he is the presumed father. Both of you may sign the Affidavit then.
- If either of you change your mind about acknowledging paternity within the earlier of: a) 60 days from the date of the last signature on the Affidavit; or b) the date of a proceeding to establish child support for the child on the Affidavit, you may sign a rescission form and file it with the Missouri Department of Health and Senior Services, Bureau of Vital Records (BVR). Contact BVR if you need a rescission form. When the rescission is filed, the man will no longer be the legal father; however, his name will stay on the birth certificate unless a court order tells BVR to remove his name.
- If it is more than 60 days after both of you sign the Affidavit or after the date of a child support proceeding, and you decide you want to prove this man is not the father, you must go to court. You must prove there was fraud, duress, or material mistake of fact when you signed the Affidavit.
- This child may have the right to receive benefits as the legal child of the man who signs this form. These benefits may include child support, medical insurance, inheritance rights, Social Security and Veteran's benefits.
- This Affidavit does not automatically give the father visitation or custody rights. Custody and visitation rights can be granted only by a judge in a court action.
- If you want legal advice, you should talk to an attorney.
- If you want a genetic test or an application for child support services, call the Missouri Division of Child Support Enforcement at 1-800-859-7999.

Persons who knowingly supply false information on the Affidavit shall be guilty of a class D felony. Penalties under the criminal code range from imprisonment of 1-10 years and/or up to \$5,000 in fines.

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THIS FORM

- Type or print everything except your signature. Use a ball-point pen with **BLACK** ink. Fill in all of the spaces. If a space does not apply to you, enter "N/A" for not applicable or "NONE." For example, if you are currently unemployed, enter "N/A" or "NONE" in the employer space.
- Each parent must sign in front of a notary public **or** two witnesses. **The parents of this child or anyone related to the parents cannot be witnesses. Any adult who is not related to either parent may be a witness.** Show the notary or witnesses an identification card with your picture, such as a driver's license or school ID.
- If you are completing this Affidavit at the hospital when your baby is born, tell the staff when you are ready to sign. You may not sign this Affidavit before your child is born. They will help you with the notary or witnesses and mail it for you.
- This Affidavit may be signed for any child who was born in Missouri to unmarried parents if an Affidavit has not previously been filed. It may be mailed anywhere to a parent to be signed.
- If the mother was married anytime while she was pregnant, **but** a court order (usually a dissolution of marriage) says the husband is not the father of this child, the mother and biological father may sign the Affidavit. It is not necessary to complete the portion of the Affidavit under the heading, "Denial of Husband's Paternity," if a court order says the husband is not the father.
- If you are completing this Affidavit in the hospital, make sure the information on page 3 of the Affidavit matches exactly with what appears on the birth certificate. A court order is required to make any changes after the birth certificate and Affidavit have been filed.
- If you want to change your child's last name when the father is added to the birth certificate, put your child's current name on page 3 of the Affidavit and follow the instructions on page 4 of the Affidavit under the heading, "Request to Change Child's Name."
- Send the completed Affidavit to the:

**Missouri Department of Health and Senior Services
Bureau of Vital Records
PO Box 570
Jefferson City, MO 65102-0570**

If you want a certified copy of the birth certificate after the father's name has been added, send a written request with \$10.00 to BVR.

Any fax, photo or reproduced copies of this form will not be accepted and will be returned for the original. White-out, erasures and typeovers or writeovers are not acceptable.

CHILD'S INFORMATION

CHILD'S NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH (MONTH/DAY/YEAR)
PLACE OF BIRTH (CITY, COUNTY, STATE)	HOSPITAL OF BIRTH

MOTHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)	MAIDEN	PLACE OF BIRTH (CITY, STATE)
DATE OF BIRTH (MONTH/DAY/YEAR)	SOCIAL SECURITY NUMBER	EDUCATION (HIGHEST GRADE COMPLETED)
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER
		EMPLOYER
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (SPECIFY):		

I HAVE RECEIVED WRITTEN AND ORAL NOTICE, AND I UNDERSTAND MY ALTERNATIVES, THE LEGAL CONSEQUENCES AND THE RIGHTS AND RESPONSIBILITIES THAT ARISE FROM SIGNING THIS AFFIDAVIT AS EXPLAINED ON PAGE 1 OF THIS AFFIDAVIT. I SWEAR I AM THE NATURAL MOTHER AND THE MAN NAMED BELOW IS THE BIOLOGICAL (NATURAL) FATHER OF THIS CHILD. I CONSENT TO THIS AFFIDAVIT. I REQUEST THAT THE FATHER'S NAME BE PLACED ON THIS CHILD'S BIRTH RECORD.

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES <input checked="" type="checkbox"/>	MOTHER'S SIGNATURE (CURRENT LEGAL NAME)	DATE SIGNED
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NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
DAY OF		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS

FATHER'S INFORMATION

NAME (FIRST, MIDDLE, LAST)	PLACE OF BIRTH (CITY, STATE)
DATE OF BIRTH (MONTH/DAY/YEAR)	SOCIAL SECURITY NUMBER
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	
TELEPHONE NUMBER	
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> OTHER (SPECIFY):	

I HAVE RECEIVED WRITTEN AND ORAL NOTICE, AND I UNDERSTAND MY ALTERNATIVES, THE LEGAL CONSEQUENCES AND THE RIGHTS AND RESPONSIBILITIES THAT ARISE FROM SIGNING THIS AFFIDAVIT AS EXPLAINED ON PAGE 1 OF THIS AFFIDAVIT. I SWEAR I AM THE BIOLOGICAL (NATURAL) FATHER OF THE CHILD NAMED ABOVE. I CONSENT TO THIS AFFIDAVIT. I REQUEST THAT MY NAME BE PLACED ON THIS CHILD'S BIRTH RECORD.

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES <input checked="" type="checkbox"/>	FATHER'S SIGNATURE	DATE SIGNED
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NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
DAY OF		
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS

REQUEST TO CHANGE CHILD'S NAME

If you are completing this form after the birth certificate has been filed, you may change your child's last name by completing this section and page 3 of this Affidavit. The mother and father must both agree to the name change by signing below.

This is a one-time opportunity. A court order is required to change the child's last name after an Affidavit has been filed with the Bureau of Vital Records. This means you cannot complete this section of the form to change your child's last name if you have already filed an Affidavit with the Bureau of Vital Records.

CHILD'S NEW NAME (PLEASE PRINT)	FIRST	MIDDLE	LAST NAME
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MOTHER'S SIGNATURE

FATHER'S SIGNATURE

DENIAL OF HUSBAND'S PATERNITY

If the mother was married at the child's conception, during the pregnancy or at the time of the child's birth, the husband/ex-husband is the presumed father unless court states otherwise and his name must be shown on the child's birth certificate **unless**: 1) the husband and the mother complete this section; **and** 2) the mother and the biological (natural) father complete page 3 of this Affidavit; and 3) you give this completed Affidavit to the hospital staff **before** the birth certificate is filed.

I AM THE HUSBAND OR EX-HUSBAND OF THE MOTHER SHOWN ON THIS AFFIDAVIT. I SWEAR I AM NOT THE BIOLOGICAL (NATURAL) FATHER OF THE CHILD ON THIS AFFIDAVIT.

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES	HUSBAND'S/EX-HUSBAND'S SIGNATURE	PRINT NAME	DATE SIGNED
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NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
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WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
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I WAS MARRIED DURING PART OR ALL OF MY PREGNANCY WITH THIS CHILD TO THE MAN WHOSE NAME IS SHOWN ABOVE. I SWEAR HE IS NOT THE BIOLOGICAL (NATURAL) FATHER OF THE CHILD ON THIS AFFIDAVIT.

MUST BE SIGNED IN PRESENCE OF NOTARY OR TWO WITNESSES	MOTHER'S SIGNATURE	PRINT NAME	DATE SIGNED
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NOTARY PUBLIC EMBOSSEER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

WITNESS NUMBER ONE SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
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WITNESS NUMBER TWO SIGNATURE	WITNESS NAME (TYPED OR PRINTED)	DATE WITNESSED	WITNESS ADDRESS
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