



Voluntary Acknowledgment of Paternity Affidavit (Form #45-21) Guidelines & Instructions (Effective January 1, 2008)

Paternity Laws and Rules:

- The Center for Health Statistics, County vital records offices, and hospitals or other birthing facilities shall make available to all non-married parents a Voluntary Acknowledgment of Paternity Affidavit form. The form (#45-21) must be signed before a notary, and may be given to parents who must sign a paternity acknowledgment outside a hospital or birthing facility or longer than 5 days after the date of birth.
- If the mother is married 300 days prior to the birth of the child*, or at any time during her pregnancy (including date of conception, date of birth, or anytime in between), her husband is the only man that may be listed as the father, even if he is not the biological father. Mother can refuse to list her husband as the father if she wishes. In order for the biological father to be added, she and her husband will need to get a court order naming someone else as the father. The State office should be contacted for more details on this process.
- *This form is NOT valid if either person signing the affidavit has:
 1. Signed a consent to the adoption of the child, or signed a document relinquishing the child to a public or private child-caring agency;
 2. Had their parental rights terminated by a court; or
 3. Been determined not to be the biological parent in adjudication.

[*These restrictions to the use of this form and process were established with the passage of House Bill 2382 during the 2007 Oregon Legislative Session.]

Paternity Laws and Rules (continued):

- For 60 days after filing a Voluntary Acknowledgment of Paternity, either parent has the right to remove the father's name from the birth certificate. Either the Mother or the Father can call the state office and request information about removing the father's name from the record. A "Rescind of Paternity" form must be completed and postmarked within 60 days of the date that the Voluntary Acknowledgment of Paternity was filed. (ORS 109.070). The only valid reason for rescinding a Voluntary Acknowledgment of Paternity or Voluntary Acknowledgment of Paternity Affidavit is if either of the signers is unsure that the man who signed the form is in fact the father of the child.
- It is the responsibility of the parents to get the father's name listed on the birth certificate if the family leaves the hospital or other health care facility without filling out a Voluntary Paternity Acknowledgement (#45-31). At any time thereafter, paternity can be established with the signing of the "Voluntary Acknowledgment of Paternity Affidavit" (Form #45-21). This form must be signed by both parents in the presence of a notary public. Hospitals and other facilities may give this form to parents, or parents can go to their local county health department or call the State Vital Records office (Center for Health Statistics) to obtain this form. There is a \$30.00 amendment fee for adding the father's name to the birth record after the birth record is filed, unless the Affidavit is filed with either the local County health department or with the State Center for Health Statistics within 14 days of the birth.
- According to federal law, parents must **hear** the "Statement of Rights and Responsibilities" which is printed on the back of the form. Staff may read the Statement, or parents may watch the DVD provided by the State. The DVD contains both English and Spanish versions, and there is a Spanish version of the printed Statement.
- County or state staff may assist parents in filling out this form, **and** may also notarize the signatures of the parents as long as they are not one of the parents or related to one of the parents, and are commissioned as a notary public.
- **Parents must print and sign their own names before a notary. This information may not be typed or filled out by the notary.**

Instructions

#1) Please remember that this is a LEGAL DOCUMENT. No white out, cross out with initials, or other corrections are allowed. "Corrected" forms, or forms with blank spaces, are voided and a new form must be completed.

#2) The Voluntary Acknowledgement of Paternity Affidavit form is used after the mother has left the hospital or other birthing facility.

State of Oregon
Department of Human Services
Center for Health Statistics

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT

*This is a legal document.
Complete in ink and do not alter.*

PARENTS: After completion, please detach and retain the second and third copies for your files. The original form will be placed in a sealed file. After filing, a copy cannot be obtained except by court order.

A. Oregon law permits the establishment of paternity by voluntary acknowledgment and, if desired, a change in the last name of the child, if there is no father listed on an existing birth record; the mother of the child was not married at the time of the child's conception, birth, anytime in between, or 300 days prior to the birth of the child. The last name to be used for the child must be listed in the space provided below. In addition, a voluntary acknowledgment is NOT valid if a person signing the acknowledgment has:

- Signed a consent to the adoption of the child or signed a document relinquishing the child to a public or private child-caring agency;
- Had their parental rights terminated by a court; or
- Been determined not to be the biological parent in an adjudication.

B. If the parents of a child born out of wedlock marry at some later date, Oregon law permits the filing of a new birth certificate showing both parents and, if desired, changing the last name of the child. To file the new certificate, both parents must sign this Acknowledgment and forward a CERTIFIED COPY of the marriage certificate with this Acknowledgment to the Vital Records Unit. If the marriage took place in Oregon, it is not necessary to obtain a certified copy of the marriage certificate; instead, supply the following information:

#3) Once the affidavit is completed, the first 2 pages are sent to the State Vital Records office, while the last 2 carbon pages go to each parent. Please remind them that these are their copies of this legal form. Because this document becomes part of a sealed file, the parents will not be able to receive additional copies in the future without a court order.

#4) The Date and County of Marriage (if applicable), and Sections 1, 2, 3, and 4 must be completed with all the required information pertaining to the child, mother and father. Please verify that each section is complete and that the names match the birth certificate or birth worksheets. If the Health Insurance provider is known, enter the name (e.g., Blue Cross, Oregon Health Plan).

Every effort should be made to gather all requested information about the mother and father. However, if information such as Social Security Number, Daytime Telephone Number, Present Address, Employer, or Health Insurance is not known, either “None” or “Unknown” should be entered in the space provided. If a parent refuses to give information, “Refused” should be entered in the space. **No spaces should be blank.** #5) Please make sure the Maiden Surname box is completed. If the mother is unsure what her maiden surname is, explain that it is the last name that is on her birth certificate, or her last name at birth.

Date of Marriage: _____ (Oregon only) County of Marriage: _____

Section 1 INFORMATION ABOUT THE CHILD AS SHOWN ON ORIGINAL BIRTH CERTIFICATE:

Child's Name				Date of Birth (Month, Day, Year)
First	Middle	Last	Suffix	
Sex	Birthplace	City	County	State

Section 2 INFORMATION ABOUT THE MOTHER:

Mother's Name				Maiden Surname	Date of Birth (Month, Day, Year)
First	Middle	Last			
Social Security Number	Present Address:	No. & Street	City	State	Zip
Birthplace	City	County	State	Daytime Telephone Number	
Employer:			Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section 3 INFORMATION ABOUT THE FATHER:

Father's Name				Date of Birth (Month, Day, Year)	
First	Middle	Last	Suffix		
Social Security Number	Present Address:	No. & Street	City	State	Zip
Birthplace	City	County	State	Daytime Telephone Number	
Employer:			Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section 4 CHILD'S LAST NAME:
How is the last name of child to appear on the birth certificate: _____

#6) If parents are signing the form at separate times before different notaries public, it is recommended that the first parent fill out Section 4 . The line for the Child's Last Name should not be left blank to avoid the second parent from changing the surname after the first parent has signed the form. Any cross-outs of the child's surname will invalidate the form.

#7) Please note that the bottom portion of the affidavit is not to be completed without a notary present. Signature lines contain the most common errors on the paternity form. **Please be sure that the parents print their legal names in "A". Please make sure the parents sign their legal names in "B".** The Notary will complete all other lines on the bottom portion of the form. **"C" should be the name of the parent, not the name of the notary or other witness.**

BOTH PARENTS MUST SIGN BEFORE A NOTARY

I acknowledge that: I am the biological mother of the child; the above information is true; I was not married to anyone at the time of the child's conception, birth, anytime in between, or 300 days prior to the birth of the child; I have not consented to the adoption of the child, have not relinquished my parental rights to a public or private child-caring agency, have not had my parental rights terminated; and it has not been determined that I am not the biological mother of the child; I am signing this affidavit for the purpose of establishing paternity of the child; the child's last name will be changed if so indicated on this form.

It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate.

The Statement of Rights and Responsibilities, which is on the reverse side of this Acknowledgment, has been read to me prior to the signing of this Voluntary Acknowledgment of Paternity Affidavit.

Mother's Printed Name: _____ **A** _____

Mother's Signature: ✦ _____ **B** _____

State of _____ county of _____

This instrument was acknowledged before me on (date) _____,

by _____ **C** _____

(name(s) of person(s).

Seal:

I acknowledge that: I am the biological father of the child; the above information is true; I am signing this affidavit for the purpose of establishing paternity of the child; I have not consented to the adoption of the child, have not relinquished my parental rights to a public or private child-caring agency, have not had my parental rights terminated; and it has not been determined that I am not the biological father of the child; the child's last name will be changed if so indicated on this form.

It is a Class C felony for any person to make any false statement or supply false information intending that the information be used in the preparation of any certificate.

The Statement of Rights and Responsibilities, which is on the reverse side of this Acknowledgment, has been read to me prior to the signing of this Voluntary Acknowledgment of Paternity Affidavit.

Father's Printed Name: _____ **A** _____

Father's Signature: ✦ _____ **B** _____

State of _____ county of _____

This instrument was acknowledged before me on (date) _____,

by _____ **C** _____

(name(s) of person(s).

Seal:

The Voluntary Acknowledgment of Paternity Affidavit form is a legal document. It cannot be accepted if it is incomplete, has been altered, or was not signed in the presence of a notary. If the form has been completed incorrectly, both parents must complete and sign a new Voluntary Acknowledgment of Paternity Affidavit in the presence of a notary public. Unless filed within 14 days of the birth, requests to establish paternity using this form will incur a \$30 amendment fee, plus a \$20 fee for a new certified copy of the birth certificate.

Facilities: Please fax requests for forms and DVDs to the Center for Health Statistics at 971-673-1201.

For Additional Information

We appreciate your attention to detail when filling out this form, or when assisting families to fill out this form. If you are in need of additional assistance or would like training regarding the process of filling out this paperwork or filing with the vital records office, please call the Paternity Specialist at 971-673-1155, or the Vital Records Field Liaison at 971-673-1166. If either you or the family have questions regarding child support or other issues relating to child support, contact the state Child Support Division at 503-986-6166. Collect calls are accepted when calling child support offices.

Debbie Gott

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