



OREGON
HEALTH
AUTHORITY

Acknowledgment of Paternity

Public Health Division
Center for Health Statistics
We are Vital and We Count

Today's Agenda

- AOP Overview
- Choosing the right form
- Checking the AOP form for accuracy & submitting it to the state
- Paternity Establishment Percentage



Acknowledgment of Paternity Overview



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Responsibilities: Health Care Facilities and Parents

ORS 432.093

Availability of voluntary acknowledgment of paternity form; responsibility of health care facility and parents. Any health care facility as defined in ORS 442.015 shall make available to the biological parents of any child born live or expected to be born in the health care facility, a voluntary acknowledgment of paternity form when the facility has reason to believe that the mother of the child is unmarried. The responsibility of the health care facility is limited to providing the form and submitting the form with the report of live birth to the State Registrar of the Center for Health Statistics. The biological parents are responsible for ensuring that the form is accurately completed.



Father's Information

- Legal Form
- Father writes in his information and signs off that it is correct

IMPORTANT:
This is a legal document, once filed it is part of the permanent birth record



Why are AOP's important?

- Benefits
- Taxes
- Travel
- Insurance



Marital Status: On the Worksheet and in OVERS

Legal relationship of parents

34a. Did the mother have a legal spouse or Oregon Registered Domestic Partner at conception, at delivery, or within 300 days prior to delivery?

Choose one:

- ☐ Yes, mother was married at conception, at delivery, or within 300 days prior to delivery.
- ☐ Yes, mother was in an Oregon Registered Domestic Partnership at conception, at delivery, or within 300 days prior to delivery.
- ☐ No, mother was not married at conception, at delivery, or within 300 days prior to delivery.

34b. If the mother answered “**No**” to the question above, will the mother and the father sign a paternity acknowledgment to establish legal paternity at this time?

- ☐ Yes
- ☐ No, leave father’s information on birth record blank

The screenshot shows a section of a birth record worksheet. At the top, there is a header with several status options: "/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Legal Pending/Medical Pending". Below this is a section titled "Marital Status" in orange. Under "Marital Status" is a sub-section "Marital Information" which contains the question "Was Mother Married at Conception, at Birth or within 300 days prior to Birth?". The answer "No" is selected in a dropdown menu. Below "Marital Information" is a sub-section "Paternity Information" which contains the question "Has acknowledgement of paternity been signed in the hospital?". The answer "Yes" is selected in a dropdown menu. A red rectangular box highlights the "Paternity Information" section.

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Marital Status: On the Worksheet and in OVERS

Certified copies of birth records

Parents can request to receive either a “Mother/Father” format or a “Parent/Parent” format on their child’s birth certificate.

35. I want to receive: ☐ Mother/Father ☐ Parent/Parent

(Only complete this section if you answered “Yes” to any of the questions in the section “Legal relationship of parents” **and** you wish to include the father/second parent on the birth certificate. If the mother is married then they can **only** list their spouse or Oregon Registered Domestic Partner for the “Father/second parent” section below.)

36. Father/second parent’s name:

First	Middle	Last (list multiple names in this box)	Suffix (ex:Jr/II)

Best Practices

- Determine if the AOP form should be offered
- Provide the correct form. Print from OVERS.
- Ensure parents have heard the Rights and Responsibilities before completing the form
- Check the form for accuracy and completeness
- Submit the form to the state

When to complete the AOP form-Mom is not married

ORS 432.088(9)(b):

If the mother is not married at the time of either conception or live birth, or within 300 days before the live birth, the name of the parent shall not be entered on the report of live birth unless a voluntary acknowledgment of paternity form or other form prescribed under ORS 432.098 is:

(A) Signed by the mother and the person to be named as the parent; and

(B) Filed with the state registrar



Unusual situations

- Surrogacy-Bio dad can be added, but may slow the process
- No ID is required to complete the Hospital AOP form.
- Unmarried same sex partners cannot complete an AOP.

Choosing the right form

Form 45-31 vs. form 45-21.

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Voluntary Acknowledgment of Paternity
THIS IS A LEGAL DOCUMENT

This document establishes paternity under ORS 432.098. Do not sign until you understand your legal rights and responsibilities as stated on the back of this form. When both parents complete this document and their signatures are witnessed by hospital staff, this establishes paternity for the child and creates a legal duty for both parents to support their child, which includes financial support. Complete in ink and do not alter.

Section 1 – Child (as named on birth certificate)

Child's name: First Middle Last Suffix (Example: Jr. or Sr.)

Date of birth: (mm/dd/yyyy) Birthplace: City State ZIP Child's new last name: (as it should appear on birth certificate)

Section 2 – NATURAL MOTHER OF CHILD

Mother's name: First Middle Last Suffix (Example: Jr. or Sr.)

Present address: No. and street City State ZIP Social Security number: () -

Date of birth: (mm/dd/yyyy) Birthplace State: (If not United States, name country) Last name before any marriage: (Maiden name) Daytime telephone number: () -

Section 3 – NATURAL FATHER OF CHILD

Father's name: First Middle Last Suffix (Example: Jr. or Sr.)

Present address: No. and street City State ZIP Social Security number: () -

Date of birth: (mm/dd/yyyy) Birthplace State: (If not United States, name country) Daytime telephone number: () -

Section 4 – LEGITIMATION

Date of Marriage: / / County of Marriage:

Section 5 – NOTARIZED SIGNATURES

Read and understand before you sign this document.

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 Affidavit, must have been read to you prior to the signing of this Voluntary Acknowledgment of Paternity Affidavit.

I acknowledge the following: 1) I am the biological parent of the child; the above information is true; 2) the mother was not married to anyone at the time of the child's conception, birth, or anytime in between, or 300 days prior to the birth of the child; 3) I have not consented to the adoption of the child; 4) it has not been determined that I am not the biological parent of the child; 5) I have not surrendered my parental rights to a public or private child-caring agency, and have not had my parental rights terminated for this child; 6) I am signing this Affidavit for the purpose of establishing paternity of the child.

MOTHER'S NAME AND SIGNATURE – DO NOT SIGN UNTIL NOTARY IS PRESENT

(Mother's printed name) X (Mother's signature) / / (Date signed)

Signed in the State of _____ County of _____

This instrument was acknowledged before me on: _____ by (Name of mother) _____

(Date) _____ My commission expires: _____ (Date)

X (Signature of notary officer)

FATHER'S NAME AND SIGNATURE – DO NOT SIGN UNTIL NOTARY IS PRESENT

(Father's printed name) X (Father's signature) / / (Date signed)

Signed in the State of _____ County of _____

This instrument was acknowledged before me on: _____ by (Name of father) _____

(Date) _____ My commission expires: _____ (Date)

X (Signature of notary officer)

For Vital Records use only
Date filed: _____

Per ORS 106.070(e) Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.

45-21 (10/16)

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Voluntary Acknowledgment of Paternity
THIS IS A LEGAL DOCUMENT

This document establishes paternity under ORS 432.098. Do not sign until you understand your legal rights and responsibilities as stated on the back of this form. When both parents complete this document and their signatures are witnessed by hospital staff, this establishes paternity for the child and creates a legal duty for both parents to support their child, which includes financial support. Complete in ink and do not alter.

Section 1 – Child (as named on birth certificate)

Middle Last Suffix (Example: Jr. or Sr.)

Birthplace (hospital or health care facility name):

Middle Last Suffix (Example: Jr. or Sr.)

en name): Social Security number: - -

e State (if not United States, name country): Daytime telephone number: - -

Middle Last Suffix (Example: Jr. or Sr.)

City State ZIP Social Security number: - -

e State (if not United States, name country): Daytime telephone number: - -

sign this document. Do not sign until hospital witness is present.

to make any false statement or supply false information intending that the on of any certificate. The Statement of Rights and Responsibilities, which vledgment, must have been read to you prior to the signing of this Voluntary

the biological parent of the child; the above information is true; 2) the mother we of the child's conception, birth, or anytime in between, or 300 days prior to nresented to the adoption of the child; 4) it has not been determined that I am 5) I have not surrendered my parental rights to a public or private child-caring tal rights terminated; 6) I am signing this Acknowledgment for the purpose of

is present.

X Mother's signature _____ Date signed _____

X Hospital witness' signature _____ Date witnessed _____

X Father's signature _____ Date signed _____

X Hospital witness' signature _____ Date witnessed _____

City _____

Per ORS 106.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.

45-31 (01/16)

Use AOP 45-31 Hospital or Birthing Center



Use AOP 45-31

- Mother is **still a patient at the facility**
- **WITHIN 5 days** after the date of birth
- Must be signed and dated **IN FRONT** of birth facility witness

...OR

- Send parents home with the Affidavit 45-21 if the parents leave without signing the hospital form
- Must be signed before a notary



Before parents leave, make sure



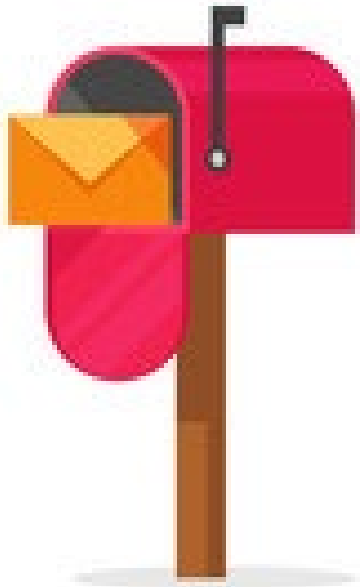
- The child's name matches what is on the birth record
- The mother and father/second parents' names match the names on the birth record
- The date signed and date witnessed match
- Names and dates associated with signatures must be handwritten **ONLY**

Also make sure



- Minor alterations only, and must be initialed by the person making the change
- All fields on the form must be completed
- Include OVERS Case ID

Submitting the AOP form to the State



- The form should be submitted as soon as possible – do not hold to mail in batches
- Order and use white prepaid envelopes
- The form ***must*** be mailed by the facility and **postmarked** within **14 days** of the child's date of birth

What happens if paternity forms are late?



- Delay birth certificate registration
- Father's name will be removed from the original birth certificate
- Parents now responsible for amendment fees

Common reasons for rejection of AOP's

- When parents' / witness signatures are not dated
- When parents' / witness signatures are missing
- There are cross-outs and alterations that are not initialed



Would you approve or reject this AOP?

Do not sign until hospital witness is present.

Moms name <small>Mother's printed name</small>	x <i>Moms signature</i> <small>Mother's signature</small>	<i>1/2/2022</i> <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	x <i>hospital signature</i> <small>Hospital witness' signature</small>	<i>1/2/2022</i> <small>Date witnessed</small>
Dads name <small>Father's printed name</small>	x <i>Dads signature</i> <small>Father's signature</small>	<i>1/3/2022</i> <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	x <i>hospital signature</i> <small>Hospital witness' signature</small>	<i>1/2/2022</i> <small>Date witnessed</small>

<small>Name of hospital/facility:</small>		<small>City:</small>
FOR VITAL RECORDS USE ONLY	<small>Date filed:</small>	<small>Per ORS 109.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.</small>

45-31 (01/16)

Would you approve or reject this AOP?

Do not sign until hospital witness is present.

Moms name <small>Mother's printed name</small>	x <i>Moms signature</i> <small>Mother's signature</small>	1/2/2022 <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	x <i>hospital signature</i> <small>Hospital witness' signature</small>	1/2/2022 <small>Date witnessed</small>
Dads name <small>Father's printed name</small>	x <i>Dads signature</i> <small>Father's signature</small>	1/2/2022 <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	x <i>hospital signature</i> <small>Hospital witness' signature</small>	1/2/2022 <small>Date witnessed</small>

Name of hospital/facility:		City:
FOR VITAL RECORDS USE ONLY	Date filed:	Per ORS 109.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.

45-31 (01/16)

Would you approve or reject this AOP?

Establishing paternity of the child
Do not sign until hospital witness is present.

Moms name <small>Mother's printed name</small>	X <i>Moms signature</i> <small>Mother's signature</small>	1/2/2022 <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	X <i>hospital signature</i> <small>Hospital witness' signature</small>	1/2/2022 <small>Date witnessed</small>
Dads name <small>Father's printed name</small>	X <small>Father's signature</small>	1/2/2022 <small>Date signed</small>
HOSPITAL WITNESS NAME <small>Hospital witness' printed name</small>	X <i>hospital signature</i> <small>Hospital witness' signature</small>	1/2/2022 <small>Date witnessed</small>

<small>Name of hospital/facility:</small>		<small>City:</small>
FOR VITAL RECORDS USE ONLY	<small>Date filed:</small>	<small>Per ORS 109.070(e), Paternity is established upon filing of this form by the State Registrar of the Center for Health Statistics.</small>

45-31 (01/16)

What happens if the AOP is rejected?



- We register the record without the father.
- We send out a rejection letter and an AOP Affidavit.
- Parents have 30 days to fill out the form and have it notarized. We will process it at no fee if received by deadline.
- After the 30 days the parents are responsible for paying the amendment fee.

Common barriers and suggested solutions

Barriers	Suggested Solutions
Father/Parent couldn't get to facility in time to sign AOP before the Mother was discharged.	Provide 45-21 Affidavit Form, notarized signatures will be required.
Mother is married, but not to the biological Father.	AOPs are for mothers who are NOT MARRIED at all.
A parent wants to withdraw paternity.	Either parent may obtain and have notarized a "Rescind of Paternity" form.
Child is being transferred to a different facility.	If the child and mother are still under the 5-day period to have the form signed, they can sign at the second facility.
I am with a parent and I have a question.	Email Amendments at CHS.Amendments@oha.oregon.gov or call 971-673-1147 and they will assist you.

Paternity Establishment Percentage Update

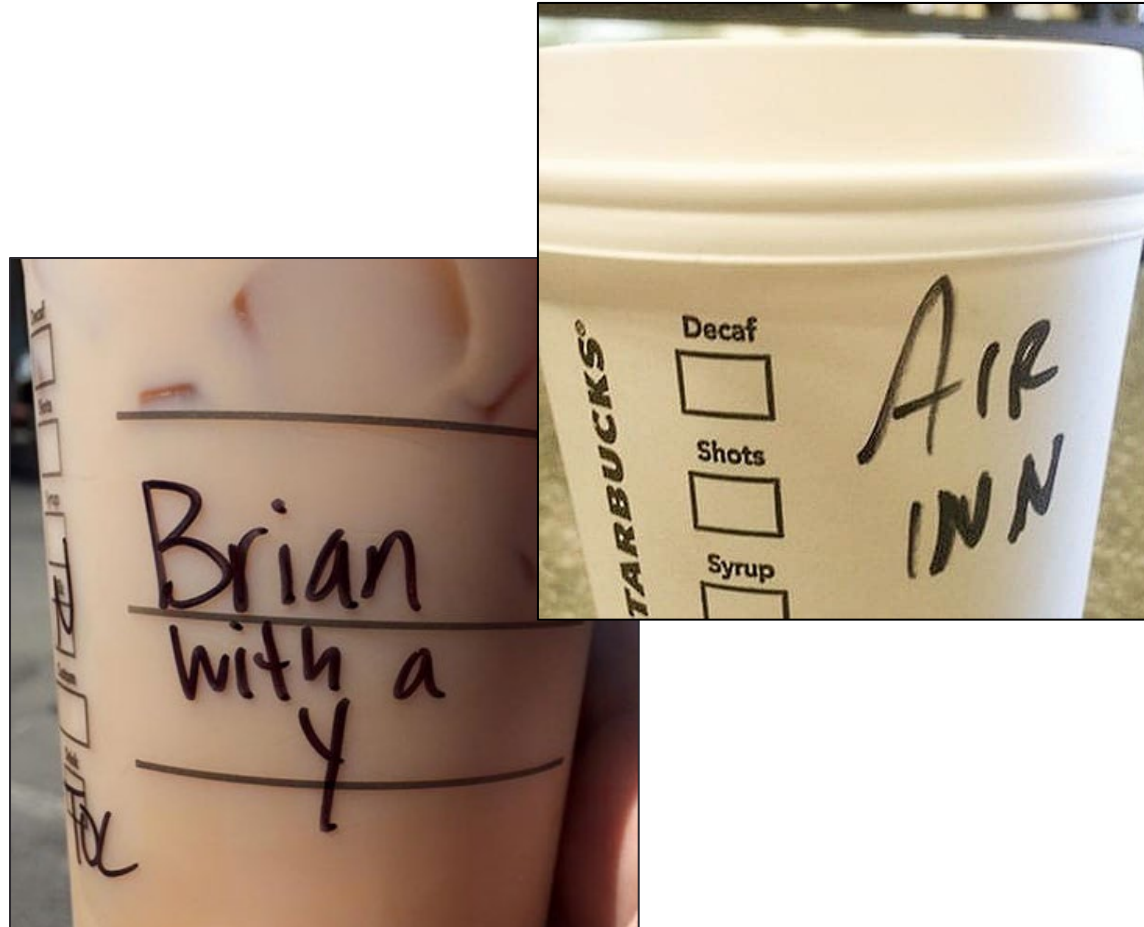
- Number of paternities established in current year/unmarried births in the previous year
- State is required to meet 90%
- Facility AOP Goal of 80%
- Federal performance measure
- Division of Child Support and DHS-TANF program get federal funds if attain 90% or more

Paternity Establishment Percentage Update

- Paternity established at the hospital with the 45-31 form is the most important part of the PEP.
- Oct 2023-Sept 2024 PEP was 90.99%.
- Your work getting AOPs completed is **really important!**

What you do is important

- MICHEAL vs MICHAEL
- Smith Jones vs Smith-Jones



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What you do is important

PLACE OF BIRTH		PORTLAND, OREGON	
County of Multnomah		Register No. 4407	
City of Portland, Oregon, (No. 510 St. Johns Ave, St. Johns)			
Full Name of Child, if Named <u>Ralph Fred Arnholz</u>			
SEX OF CHILD Male	TWIN, TRIPLET OR OTHER?	NUMBER IN ORDER OF BIRTH	LEGITIMATE? Yes
			DATE OF BIRTH July 2 (Month) (Day)
FATHER		MOTHER	
FULL NAME <u>Fred Arnholz</u>		FULL MAIDEN NAME <u>Jinne Gauske</u>	
RESIDENCE <u>510 St Johns Ave</u>		RESIDENCE <u>510 St Johns Ave</u>	
COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>23</u> (Years)	COLOR <u>white</u>	AGE AT LAST BIRTHDAY <u>19</u> (Years)
BIRTHPLACE <u>Russia</u>		BIRTHPLACE	
OCCUPATION <u>Carpenter</u>		OCCUPATION	
Number of children born to this mother, including present birth <u>2</u>		Number of children	
CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was <u>Born</u> on the date above stated. (Signature) <u>M. J. Strickland</u> *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give name added from a supplemental report <u>May 25 1946</u> Address <u>221 St. Johns St.</u> FILED 1913			

INFORMANT		
9. Informant's Name and Relationship to Child Jane Doe, Mother		
10a. Name and Address of Certifier Test Birth Clerk, 1015 NW 22nd Avenue Portland, Oregon 97210		
10b. Name and Title of Attendant at Birth if Other Than Certifier Doctor of Medicine		
10c. I certify that this child was born alive at the place, time and date stated. <u>Test Birth Clerk</u>	10d. Title of Certifier <u>Test Birth Clerk</u>	10e. Date Signed March 15, 2024
11a. Registrar's Signature <u>Zvtblegr A. Rçqakjil</u>	11b. Date Filed March 15, 2024	Local File Number

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2:00</u> M., on the date above stated. (Born alive or stillborn)	
(Signature) <u>Mrs Appleby</u>	<u>nurse</u> (Physician or Midwife)
Give name added from a supplemental report <u>May 25 1946</u> <u>M. J. Strickland</u> Address <u>221 St. Johns St.</u> FILED 1913	

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What you do is important



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Resources

Vital Records Website <http://HealthOregon.org/CHS>
click on Birth Information Specialists in the For Our
Partners column.

Paternity Forms and Instructions on the BIS page

Order form for Paternity Brochures:
<https://bit.ly/Form45-43b>

Division of Child Support webpage:
<https://bit.ly/2LuU3rV>



Contact Information



Kathy Ellis
Vital Records Trainer
Kathy.Ellis@oha.oregon.gov
503-943-0405



Partner Services
CHS.PartnerServices@oha.oregon.gov

Amendments
CHS.Amendments@oha.oregon.gov
971-673-1147

Thank you

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact 971-673-1190 (voice) or 711 (TTY), or fax 971-673-1203.

**We appreciate
your
participation**



thank you!